

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90167 024 ***150.00

DOCUMENT # P02000130464

1. Entity Name
TRANS-CONSULTING CORP.



Principal Place of Business
**C/O BRATTER KRIEGER, LLP
777 17TH STREET, PENTHOUSE SUITE
MIAMI BEACH FL 33139**

Mailing Address
**C/O BRATTER KRIEGER, LLP
777 17TH STREET, PENTHOUSE SUITE
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

**2801 PONCE DE LEON BLVD
Suite, Apt. #, etc. 1280**

Same

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES

City & State

4. FEI Number
82-0576842

Applied For
Not Applicable

Zip
33134

Country
FL

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTONIAZZI, PABLO G
201 S BISCAYNE BLVD SUITE 2879
MIAMI FL 33131**

Name
CURIA EMILIANO
Street Address (P.O. Box Number is Not Acceptable)
2801 PONCE DE LEON ST/1280
CORAL GABLES
City
FL Zip Code
33124

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE
04/08/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ANTONIAZZI, PABLO G
201 S BISCAYNE BLVD SUITE 2879
MIAMI FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD CURIA EMILIANO
2801 PONCE DE LEON BLVD STE 1280
CORAL GABLES, FL 33134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE
04/08/03 DAYTIME PHONE #
305-325-5779

CR2E034 (10/02)