## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P12891 May 02, 2000 8:00 am Secretary of State TRANSCAPITAL FINANCIAL CORPORATION 05-02-2000 90108 031 \*\*\*150.00 Mailing Address Principal Place of Business 1221 BRICKELL AVE. 1221 BRICKELL AVE. SUITE 2600 SUITE 2600 MIAMI FL 33131 MIAMI FL 33131-3280 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE SwH 211 Applied For 4. FEI Number 54-0886031 "Reach Gandens beach bandens Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD., SUITE 211 PALM BEACH GARDENS FL 33418 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Delete TITLE TITLE NAME BURSTEIN, JACK D. NAME STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVE.,#2600 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change VD ☐ Delete TITLE NAME COOK STEVEN R. NAME STREET ADDRESS 1221 BRICKELL AVE., SUITE 2600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE --TITLE NAME BRIERLEY, RICHARD G NAME STREET ADDRESS 1221 BRICKELL AVE. #2600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.