

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90080 029 ***150.00

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1. Entity Name
TRANS-GLOBAL TRANSLATIONS AND IMMIGRATION SERVICES, INC.



Principal Place of Business
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI FL 33172

Mailing Address
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0366456**

Applied For

Not Applicable

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

FUENTES, ESQ JESUS F
8615 N W 8TH STREET, #111
APT. 506
MIAMI FL 33126

Name **Jose A. VILLARREAL**
Street Address (P.O. Box Number is Not Acceptable) **175 Fontainebleau Blvd. #268**
City **MIAMI** **FL** **Zip Code** **33172**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jose A. VILLARREAL

1/10/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **VILLARREAL, JOSE A**
STREET ADDRESS **16065 SW 112 TERR**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **DV** ☐ **Delete**
NAME **COJULUN, J R**
STREET ADDRESS **11781 SW 92 LANE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **DST** ☐ **Delete**
NAME **VILLARREAL, NORMA L**
STREET ADDRESS **16065 SW 112 TERR**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **DC** ☒ **Delete**
NAME **FUENTES, JESUS F**
STREET ADDRESS **8615 NW 8TH ST #111**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

(305) 552-9793
Daytime Phone #

CR2E034 (10/02)