AMENDED

06-23-2003-90058-015 ****70.00
P92000000813

03 JUN 27 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000813

1. Entity Name

TRANSGLOBAL TRANSLATIONS &
IMMIGRATION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
175 Fontainebleau Blvd.		175 Fontainebleau Blvd.	
Suite, Apt. #, etc. # 2G8		Suite, Apt. #, etc. # 2G8	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33172	Country Miami-Dade	Zip 33172	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0366456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Nora M. RILO

Street Address (P.O. Box Number is Not Acceptable) 175 Fontainebleau Blvd. # 2G8

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] Nora M. Rilo May 12, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nora M. RILO P/T/S/V 175 Fontainebleau Bld. # 2G8 Miami, Florida 33172	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/12/03 (305) 552-9793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #