2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000060829 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** TRANS ATLANTIC LINK, CORP. 01-12-2000 90112 003 ***150.00 Mailing Address Principal Place of Business 6670 E ROGERS CIRCLE 6670 F ROGERS CIRCLE **BOCA RATON FL 33487-2619 BOCA RATON FL 33487** 2. Principal Place of Business 10274 WINDSWEPT RACE 3. Mailing Address WINDSWEPT PLACE 10214 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Boca Raton City & State 4. FEI Number 65-0434518 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORREIA, CLAUDIO CORREIA, CLAUDIO INDSWEPT 6670 E ROGERS CIRCLE **BOCA RATON FL 33487** CityBoca Raton 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. Correia GENERAL MANAGER SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. GM Change Addition GM ☐ Delete TITLE CORREIA CLAUDIO CORREIA, CLAUDIO NAME 10274 WINDSWEPT PLACE STREET ADDRESS 6670 E. ROGERS CIRCLE STREET ADDRESS Boca Raton Florida 33498 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** 🗹 Change Addition ☐ Delete TITLE correia. Beryl NAME CORREIA, BERYL 10274 WINDSWEPT PLACE STREET ADDRESS STREET ADDRESS 6670 E ROGERS CIRCLE CITY-ST-ZIP Boca Raton FLORIDA 33498 **BOCA RATON FL 33487** CITY-ST-ZIP Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.