

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90068 036 \*\*\*150.00

DOCUMENT # P93000060829

1. Entity Name  
**TRANS ATLANTIC LINK, CORP.**

Principal Place of Business Mailing Address  
**10274 WINDSWEPT PL. 10274 WINDSWEPT PL.**  
**BOCA RATON FL 33498 BOCA RATON FL 33498**  
**US US**

2. Principal Place of Business 3. Mailing Address  
**4132 NW 55<sup>th</sup> PLACE 4132 NW 55 PLACE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BOCA RATON BOCA RATON**  
 Zip Country Zip Country  
**33496 USA 33496 USA**

4. FEI Number **65-0434518** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORREIA, CLAUDIO**  
**10274 WINDSWEPT PL**  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
 Name **CLAUDIO CORREIA**  
 Street Address (P.O. Box Number is Not Acceptable) **4132 NW 55 PLACE**  
 City **BOCA RATON** FL **33496**

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 Claudio Correia **CLAUDIO CORREIA** 02/19/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	GM	<input type="checkbox"/> Delete	TITLE	GENERAL MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREIA, CLAUDIO		NAME	CORREIA, CLAUDIO	
STREET ADDRESS	10274 WINDSWEPT PL		STREET ADDRESS	4132 NW 55 PLACE	
CITY-ST-ZIP	BOCA RATON FL 33498		CITY-ST-ZIP	BOCA RATON, FLORIDA 33496	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREIA, BERYL		NAME	CORREIA, BERYL	
STREET ADDRESS	10274 WINDSWEPT PL		STREET ADDRESS	4132 NW 55 PLACE	
CITY-ST-ZIP	BOCA RATON FL 33498		CITY-ST-ZIP	BOCA RATON, FLORIDA 33496	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Claudio Correia **CLAUDIO CORREIA** 02/19/01 (561) 443-7191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)