

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001565

Entity Name
TRANSEASTERN PEMBROKE PROPERTIES INC.

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90140 018 ***158.75

Principal Place of Business
3300 UNIVERSITY DR.
STE 001
CORAL SPRINGS, FL 33065

Mailing Address
SAME

80090010

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0489771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
John T. Kinsey
2300 Corporate Blvd
STE 112
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name: CORA Di Fiore
Street Address (P.O. Box Number is Not Acceptable): 3300 UNIVERSITY DR.
STE 001
City: Coral Springs FL Zip Code: 33065

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: *Cora Di Fiore* DATE: 4/24/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 AFTER MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD FALCONE, ARTHUR 3300 UNIVERSITY DR STE 001 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE VP S Di Fiore, CORA 3300 UNIVERSITY DR STE 001 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPTD FALCONE, EDWARD 3300 UNIVERSITY DR STE 001 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP SD CUCCI, PHILIP JR 3300 UNIVERSITY DR STE 001 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward Falcone* DATE: 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)