

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 94 0000 315 49**

1. Entity Name  
**TRANSGLOBAL INTERNATIONAL CORP.**

FILED **082200**

00 OCT -4 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2027 NW 7 AVE.  
MIAMI, FL 33127**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
**MIAMI, FL**  
**33127** **USA**

4. FEI Number **65-0487406** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GROMOV, ALEXANDER  
2027 NW 7 AVENUE  
MIAMI, FL 33127**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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. (See criteria on back) ☐

**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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Delete	
NAME	<b>SERASHVILI, DAVID</b>		
STREET ADDRESS	<b>2027 NW 7 AVE</b>		
CITY-ST-ZIP	<b>MIAMI, FL</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PRESIDENT, DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GROMOV, ALEXANDER</b>		
STREET ADDRESS	<b>2027 NW 7TH AVENUE</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33127</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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: **ALEXANDER GROMOV** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_