

2004

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90288 008 \*\*\*150.00

DOCUMENT # P94000033068

1. Entity Name

TRANSNICA INTERNATIONAL, INC.



**DO NOT WRITE IN THIS SPACE**

 2. Principal Place of Business  
7234 NW 25th STREET

 3. Mailing Address  
7234 NW 25th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

 City & State  
MIAMI FL 33122

 City & State  
MIAMI FL 33122

 4. FEI Number  
65-0491327

 Applied For  
Not Applicable

 Zip  
33122

 Country  
MIAMI DADE

 Zip  
33122

 Country  
MIAMI DADE

 5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
PTS  
OLIVARES, CARMEN  
7234 NW 25th STREET  
MIAMI FL 33122

 TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 others like empowered.

SIGNATURE:

*Carmen Olivares*  
Carmen Olivares-Pres

4/21/04

305-477-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)