

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053002

1. Entity Name
TRANSOCEANIC EXPRESS SERVICES, INC.

Principal Place of Business

1770 SW 8TH ST
MIAMI FL 33135

Mailing Address

1770 SW 8TH ST
MIAMI FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0505703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO B, ALVARO ESQ
SCHMACHETENBERG & CASTILLO
1533 SUNSET DR SUITE 201
MIAMI FL 33143

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

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE ☐ Delete
NAME D
STREET ADDRESS RUIZ, ROBERTO
CITY-ST-ZIP 1770 SW 8TH ST
MIAMI FL 33135

TITLE ☐ Delete
NAME D
STREET ADDRESS RUIZ, ENRIQUE
CITY-ST-ZIP 1770 SW 8TH ST
MIAMI FL 33135

TITLE ☐ Delete
NAME D
STREET ADDRESS RUIZ, EDUARDO
CITY-ST-ZIP 1770 SW 8TH ST
MIAMI FL 33135

TITLE ☐ Delete
NAME D
STREET ADDRESS RUIZ, HORACIO
CITY-ST-ZIP 1770 SW 8TH ST
MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-2002 (305)541-7841

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90005 050 ***163.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)