

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075477

1. Entity Name

TRANSGLOBAL TELCOM, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90085 005 ***150.00

Principal Place of Business

855 S.W. 78TH AVENUE
PLANTATION FL 33324
US

Mailing Address

855 S.W. 78TH AVENUE
PLANTATION FL 33324-3264
US

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 **65-0531138**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARDES, MICHAEL A
855 SW 78 AVENUE
PLANTATION FL 33324

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PD			
	PARDES, MICHAEL A	855 SW 78 AVENUE	PLANTATION FL 33324	
	DST			
	MARKOWITZ, HOWARD	855 SW 78 AVENUE	PLANTATION FL 33324	
	DV			
	LIEBOWITZ, TED	855 SW 78 AVE	PLANTATION FL 33324	
	D			
	BRAFF, NELSON	162 E 64 ST	NEW YORK NY 10021	
	D			
	LIEBOWITAZ, SARA	162 E 64 STREET	NEW YORK NY 10021	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

954453 7010

Daytime Phone #

CR2E034 (9/99)