

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087539

1. Entity Name

TRANSMAGNECA, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90047 042 ***150.00

Principal Place of Business
1031 IVES DAIRY ROAD
STE 228
NO MIAMI BEACH FL 33179
US

Mailing Address
370 NE 212 ST
N MIAMI BEACH FL 33179-1110
US

2. Principal Place of Business
370 NE 212TH STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
N. MIAMI BEACH

Zip
33179

Country
USA

City & State

Zip

Country

4. FEI Number 65-0537838


Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ARIAS, IGNACIO J
370 NE 212 ST
N MIAMI BEACH FL 33179

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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, IGNACIO J		NAME		
STREET ADDRESS	370 NE 212 ST		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33179		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, JOSEFINA		NAME	ARIAS, JOSEFINA	
STREET ADDRESS	370 NE 212 ST		STREET ADDRESS	370 NE 212 ST	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179		CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONINI, ALEJANDRO		NAME	ARIAS, CAROLINA	
STREET ADDRESS	141 CRANDON BLVD. #337		STREET ADDRESS	370 NE 212 ST	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000 305-654 0023
Date Daytime Phone #

CR2E034 (9/99)