

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001223

1. Entity Name

TRANSCEND INTERNATIONAL, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90018 005 \*\*\*150.00

Principal Place of Business

Mailing Address

8045 NW 36 ST.  
SUITE 528  
MIAMI FL 33165  
US

8045 NW 36 ST.  
SUITE 528  
MIAMI FL 33166-6627  
US

00014600

2. Principal Place of Business

3. Mailing Address

8201 NW 66 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33166

US

4. FEI Number

65-0545531

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHA, AMARO  
8045 N.W. 36TH STREET  
SUITE 528  
MIAMI FL 33166

Name

ROCHA, AMARO

Street Address (P.O. Box Number is Not Acceptable)

8201 NW 66 ST SUITE 3

City

MIAMI

FL

Zip Code

33166

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.

AMARO ROCHA PVST

(NOTE: Registered Agent signature required when reinstating)

01/03/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
ROCHA, AMARO  
8045 NW 36 ST. #528  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
ROCHA, AMARO  
8201 NW 66 ST SUITE 3  
MIAMI FL 33190

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROCHA, AMARO  
8045 NW 46 ST. #528  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROCHA, AMARO  
8201 NW 66 ST SUITE 3  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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)(f), 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:

AMARO ROCHA PVST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/00

Date

(305) 639-9595

Daytime Phone #