

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014135

1. Entity Name

TRANSEASTERN WELLINGTON PROPS. INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90120 037 ***158.75

80088773

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR.
 CORAL SPRINGS FL 33065

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0609235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John T. Kinsey
 2300 Corporate Blvd
 STE 112
 Boca Raton, FL 33431

Name

CORA Di Fiore

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

3300 UNIVERSITY DRIVE

ST. 001

City

CORAL SPRINGS

FL

Zip Code

33065

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

Cora Di Fiore

4/24/00

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PDS
 FALCONE, ARTHUR
 3300 UNIVERSITY DR. STE 001
 CORAL SPRINGS, FL 33065

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP
 FALCONE EDWARD
 3300 UNIVERSITY DR STE 001
 CORAL SPRINGS, FL 33065

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPS
 CUCCI, PHILIP JR.
 3300 UNIVERSITY DR. STE 001
 CORAL SPRINGS FL 33065

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPAS
 DIFIORE, CORA
 3300 UNIVERSITY DR. STE 001
 CORAL SPRINGS, FL 33065

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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:

Cora Di Fiore

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)