

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90137 046 \*\*\*150.00

**DOCUMENT # P95000054862**

1. Entity Name

**TRANS ATLANTIC ASSOCIATES, INC.**

Principal Place of Business

3191 CORAL WAY  
 SUITE 115-149  
 MIAMI FL 33145

Mailing Address

3191 CORAL WAY  
 SUITE 115-149  
 MIAMI FL 33145-3213

2. Principal Place of Business

**300 BISCAYNE BLVD. WAY**

Suite, Apt. #, etc.  
**DUPONT CTR., SUITE 1014-149**

3. Mailing Address

**300 BISCAYNE BLVD. WAY**

Suite, Apt. #, etc.  
**DUPONT CTR., SUITE 1014-149**

City & State

**MIAMI**

Zip  
**FL**

Country

**33131**

City & State

**MIAMI**

Zip  
**FL**

Country

**33131**

4. FEI Number

**65-0593600**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARDINER, KAREN R  
 C/O THE ANDERSEN FIRM  
 501 WHITEHEAD ST., SUITE 3  
 KEY WEST FL 33040**

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
P	<b>NASEEM HAMEED, BANU</b>	<b>3191 CORAL WAY, SUITE 115-149</b>	<b>MIAMI FL 33145</b>	<input type="checkbox"/>
S	<b>SHAH, ABUL</b>	<b>3191 CORAL WAY, SUITE 115-149</b>	<b>MIAMI FL 33145</b>	<input type="checkbox"/>
D	<b>HAMEED, SHAHUL</b>	<b>3191 CORAL WAY, SUITE 115-149</b>	<b>MIAMI FL 33145</b>	<input type="checkbox"/>
D	<b>HAMEED, ZAINAB</b>	<b>3191 CORAL WAY, SUITE 115-149</b>	<b>MIAMI F3 33145</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	<b>NASEEM HAMEED, BANU</b>	<b>300 BISCAYNE BLVD. WAY, SUITE 1014-149</b>	<b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	<b>SHAH, ABUL</b>	<b>300 BISCAYNE BLVD. WAY, SUITE 1014-149</b>	<b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<b>HAMEED, SHAHUL</b>	<b>300 BISCAYNE BLVD. WAY, SUITE 1014-149</b>	<b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<b>HAMEED, ZAINAB</b>	<b>300 BISCAYNE BLVD. WAY, SUITE 1014-149</b>	<b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Banu Hameed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

305-982-4038

Daytime Phone #

CR2E034 (9/99)