

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054862

1. Entity Name

TRANS ATLANTIC ASSOCIATES, INC.

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

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

Principal Place of Business

Mailing Address

3191 CORAL WAY  
SUITE 115-149  
MIAMI FL 33145

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

2. Principal Place of Business

3. Mailing Address

300 BISCAYNE BLVD. WAY

300 BISCAYNE BLVD. WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUPONT CTR., SUITE 1014-149

DUPONT CTR., SUITE 1014-149

City & State

City & State

MIAMI

MIAMI

Zip

Country

Zip

Country

FL

33131

FL

33131

4. FEI Number

65-0593600

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NASEEM HAMEED, BANU	
STREET ADDRESS	3191 CORAL WAY, SUITE 115-149	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAH, ABUL	
STREET ADDRESS	3191 CORAL WAY, SUITE 115-149	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMEED, SHAHUL	
STREET ADDRESS	3191 CORAL WAY, SUITE 115-149	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMEED, ZAINAB	
STREET ADDRESS	3191 CORAL WAY, SUITE 115-149	
CITY-ST-ZIP	MIAMI F3 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/26/00

305-982-4038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)