

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063183

1. Entity Name

Transeastern Aberdeen Properties, Inc.

Principal Place of Business

3300 University Dr.
STE 001
Coral Springs, FL 33065

Mailing Address

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607027

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

John T. Kinsey
2300 Corporate Blvd
STE 112
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name - CORA Di Fiore
Street Address (P.O. Box Number is Not Acceptable)
3300 University Drive
STE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Cora Di Fiore

4/24/00

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	PDS	<input type="checkbox"/> Delete
NAME	FALCONE, ARTHUR	
STREET ADDRESS	3300 University Dr STE 001	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FALCONE, EDWARD	
STREET ADDRESS	3300 UNIVERSITY DR STE 001	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP, AS	<input type="checkbox"/> Delete
NAME	DI FIORE, CORA	
STREET ADDRESS	3300 UNIVERSITY DR STE 001	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CUCCI, PHILIP JR	
STREET ADDRESS	3300 UNIVERSITY DR STE 001	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISNER, NEIL	
STREET ADDRESS	3300 UNIVERSITY DR #001	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Falcone

Date

4/24/00

Daytime Phone #

CR2E034 (9/99)