2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an a

SIGNATURE AND TY

SIGNATURE:

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **P95000084681** TRANS-AMERICA ENTERPRISES CORP. 05-02-2000 90069 020 ***150.00 Principal Place of Business Mailing Address 3900 N.W. 79TH AVENUE 3900 N.W. 79TH AVENUE SUITE 484 **STE 443** 40116 MIAMI FL 33166 MIAMI FL 33166-6548 us 2. Principal Place of Business 3. Mailing Address 3900 N.W. 7974 DE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0617902 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANCHEZ, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 3900 N.W. 79TH AVENMUE **SUITE 484** MIAMI FL 33166 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE SANCHEZ, RICHARD W NAME NAME STREET ADDRESS 3900 N.W. 79TH AVE. SUITE 484 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Addition ☐ Delete TITLE DE SOUZA, RICARDO S NAME 3900 N.W. 79TH AVE. SUITE 484 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33166 Addition Change ☐ Delete TITLE TITLE GERALDI-SANCHEZ, RITA NAME NAME STREET ADDRESS 3900 NW 79THAVE #443 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP **MIAMI FL 33166** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 thue 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 trusted employees to deccute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PRINCE MAME OF SIGNING OFFICER OR DIRECTOR