2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000012183								FILED						
TRANSAMERICA EXPRESS OF MIAMI CORP.							00 APR 27 AM IQ: 58							
Principal Place of Business Mailing Address							SECRETARY OF STATE							
8010 NW 66 S MIAMI FL 3316			POST OFFICE BOX 527501 MIAMI FL 33152-7501				TALLAHASSEE, FLORIDA							
US WHOM TE SOTO							e t au cid a e	·	6	38(62	Ef ue Line (80)		
2. Principal F	Place of Busi	ness	S. Malling Address BOLO NW 66 ST											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO N	OT WRITE	IN THIS S	PAÇE			
City & State			City & State MIAMI FLORIDA			4.	FEI Number	65-0	643664		<u> </u>	oplied For ot Applicable	,	
Zip		Country	33166	Cour)SA		Certificate o			<u> </u>	\$8.75 Ad Fee Require			
<u> </u>	6. Name	and Address of Current R	legistered Agent				Name and /	Address of	New Reg	latered A	gent		4	
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TALAVERA, ULISES M 8010 NW 68 ST						Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL 33166										-				
							City				FL Zip Code			
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or re	gistered eg	jent, or both	in the Sta	te of Florid	ia.			7	
SIGNATURE Signature, typed or primed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
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Tax filing r		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00		tion Camp Fund Cor	•	cing 🗆		May Be to Fees		
11.		OFFICERS AND D	<u> </u>	12.			DITIONS/C	HANGES 1	TO OFFICE	ERS AND	DIRECTOR	S IN 11	-{	
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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.														
SIGNAT	IIRE:	alies to	Folowera	<u>:</u> نــ			4	lulo	0	Sar.	- 640	-0636	.	
JIGHAI	VIIE	SIGNATURE AND TYPED OR PHI	HTED RAME OF SIGNING OFFICER O	R DIRECT	OR			Data		De	ytime Phone #		1	