

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016464

1. Entity Name

TRANSNATIONAL TRADING CORPORATION

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90268 021 \*\*\*150.00

Principal Place of Business

4515 N.W. 72 AVENUE  
MIAMI FL 33166  
US

Mailing Address

4515 N.W. 72 AVENUE  
MIAMI FL 33166-5612  
US

2. Principal Place of Business

4525 NW 72 Ave.

Suite, Apt. #, etc.

3. Mailing Address

4525 NW 72 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33166

Country

USA

City & State

Miami, FL

Zip

33166

Country

USA

4. FEI Number

65-0646405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, NELSON I  
6852 W. FLAGLER ST.  
MIAMI FL 33144

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	P	<input checked="" type="checkbox"/> Delete
NAME	KENNETH S.C. LO	
STREET ADDRESS	7383 NW 54TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LIU, JOE S	
STREET ADDRESS	7381 NW 54 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	GMD	<input checked="" type="checkbox"/> Delete
NAME	WU, AN BANG	
STREET ADDRESS	4870 NW 102ND AVENUE, #202	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH S.C. LO	
STREET ADDRESS	5660 NW 115 CT. #211	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE S. LIU	
STREET ADDRESS	4616 NW 107 AVE. #2104	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QING YE ZHANG	
STREET ADDRESS	5660 NW 115 CT. #211	
CITY-ST-ZIP	MIAMI FL 33178	
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

Date

Daytime Phone #

01-13-00 305-597-5662

CR2E034 (9/99)