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01-08-02305,597-566,

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an add

SIGNATURE:

## Mar 31, 2002 8:00 am Secretary of State P96000016464 DOCUMENT # 1. Entity Name 03-31-2002 90348 044 \*\*\*150 00 TRANSNATIONAL TRADING CORPORATION Principal Place of Business Mailing Address 4525 NW 72 AVE 4525 NW 72 AVE MIAMI FL 33166 MIAMI FL 33166 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0646405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ. NELSON I Street Address (P.O. Box Number is Not Acceptable) 6852 W. FLAGLER ST. **MIAMI FL 33144** 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) ☐ Delete TITI F Channe ■ Addition TITLE KENNETH S.C. LO NAME NAME 5660 NW 115 CT # 211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TS ☐ Delete TITLE Change ☐ Addition TITLE NAME LIU, JOE S NAME 4616 NW 107 AVE # 2104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ZHANG, QING YE -NAME NAME STREET ADDRESS STREET ADDRESS 5660 NW 115TH CT # 211 CITY-ST-7IP CITY- ST-7IP MIAMI FL 33178 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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