

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90054 012 ***150.00

DOCUMENT # P96000028588

1. Entity Name

TRASSENS COMLAB CORPORATION

Principal Place of Business

**3000 SW 3RD AVE
#303
MIAMI FL 33129
US**

Mailing Address

**3000 SW 3RD AVE
#303
MIAMI FL 33129
US**

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 **65-0659841**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRASSENS, DOMINGO A
3000 SW 3RD AVE
STE 303
MIAMI FL 33129**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TRASSENS, DOMINGO A**
STREET ADDRESS **3000 SW 3RD AVE #303**
CITY-ST-ZIP **MIAMI FL 33129**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

March 7, 2002 305 856-7720

CR2E034 (9/01)

Attachment Document # p96000028588/60953

a Control number 1		OMB No. 1545-0008		Visit the IRS Web Site at www.irs.gov	
b Employer identification number 65-0659841		1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code TRASSENS COMLAB CORPORATION 3000 SW 3RD AVE STE 303 MIAMI FL 33129		3 Social security wages 12000.00		4 Social security tax withheld 744.00	
		5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 594-57-1934		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name DOMINGO TRASSENS 650 NE 64TH STREET MIAMI FL 33138		11 Nonqualified plans		12a	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State FL	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name			

Form **W-2** Wage and Tax Statement

2001

Department of the Treasury - Internal Revenue Service

Copy B To Be Filed with Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number 1		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number 65-0659841		1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code TRASSENS COMLAB CORPORATION 3000 SW 3RD AVE STE 303 MIAMI FL 33129		3 Social security wages 12000.00		4 Social security tax withheld 744.00	
		5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
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e Employee's first name and initial Last name DOMINGO TRASSENS 350 NE 64TH STREET MIAMI FL 33138		11 Nonqualified plans		12a	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
Employee's address and ZIP code					
State FL	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name			

Form **W-2** Wage and Tax Statement

2001

Department of the Treasury - Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS. (See Notice to employee on back of Copy B).