

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90079 027 ***150.00

DOCUMENT # P96000068778

1. Entity Name
TRANSNET TECHNOLOGIES, INC.

Principal Place of Business
11822 SW 117TH PLACE
MIAMI FL 33186

Mailing Address
11822 SW 117TH PLACE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 FAIRWAY DRIVE
 Suite, Apt. #, etc. **SUITE # 203**

3. Mailing Address
500 FAIRWAY DRIVE
 Suite, Apt. #, etc. **SUITE 203**

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number **65-0690765**
 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
BARONA, ALVARO
11822 SW 117TH PLACE
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **GUILLERMO GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
500 FAIRWAY DRIVE SUITE#203
 City **Deerfield Beach.** **FL** Zip Code **33441**

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	<input type="checkbox"/> Delete
NAME	PEREZ, LEONOR	
STREET ADDRESS	11822 SW 117TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARONA, ALVARO	
STREET ADDRESS	11822 SW 117TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	M	<input type="checkbox"/> Delete
NAME	GONZALEZ, GUILLERMO	
STREET ADDRESS	11822 SW 117TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ LEONOR	
STREET ADDRESS	500 FAIRWAY DRIVE SUITE#203	
CITY-ST-ZIP	DEERFIELD BEACH, FL, 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO GONZALEZ	
STREET ADDRESS	500 FAIRWAY DRIVE, SUITE 203	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	
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 REQUIRED** **02/11/02** **305-607-7968**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)