

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000085072**

1. Entity Name
TRANSACT SYSTEMS, INC.



Principal Place of Business
3191 CORAL WAY
PH 201
MIAMI FL 33145

Mailing Address
3191 CORAL WAY
PH 201
MIAMI FL 33145

2. Principal Place of Business
4000 PONCE DE LEON BLVD
Suite, Apt. #, etc.

3. Mailing Address
4000 PONCE DE LEON BLVD
Suite, Apt. #, etc.
CORAL GABLES

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip **33146** Country **USA**

Zip **33146** Country **USA**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

4. FEI Number **65-0701260**

Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENDOZA, JUAN M 3191 CORAL WAY, OH 201 MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 11, 2003 8:00 am
Secretary of State**

04-11-2003 90093 006 ***150.00



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)

SIGNATURE:

Date

Daytime Phone #