

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000090436

1. Entity Name

TRANSEASTERN PARKSIDE PROPERTIES INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 028 ***158.75

Principal Place of Business

3300 UNIVERSITY DR.
STE 001

Mailing Address

SAME

CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0720534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

John T. Kinsey
2300 Corporate Blvd
STE 112
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name

CORA Di Fiore

Street Address (P.O. Box Number is Not Acceptable)

3300 UNIVERSITY DRIVE

STE 001

City

CORAL SPRINGS FL

Zip Code

33065

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

Cora Di Fiore

DATE

4/24/00

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

(NOTE: Registered Agent signature required when reinstating)

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	D	NAME	FALCONE, ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS			3300 UNIVERSITY DR. STE 001	
CITY-ST-ZIP			CORAL SPRINGS, FL 33065	
TITLE	D	NAME	FALCONE, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS			3300 UNIVERSITY DR. STE 001	
CITY-ST-ZIP			CORAL SPRINGS, FL 33065	
TITLE	D	NAME	CUCCI, PHILIP JR.	<input type="checkbox"/> Delete
STREET ADDRESS			3300 UNIVERSITY DR. STE 001	
CITY-ST-ZIP			CORAL SPRINGS, FL 33065	
TITLE	VP	NAME	Di Fiore CORA	<input type="checkbox"/> Delete
STREET ADDRESS			3300 UNIVERSITY DR. STE 001	
CITY-ST-ZIP			CORAL SPRINGS, FL 33065	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Cora Di Fiore, V. Pres

Date

4/24/00

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)