

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

DOCUMENT # P96000102301

1. Entity Name

Trans-sol Optical Supply Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1734 W. 68th St

Suite, Apt. #, etc.

HIALEAH

City & State

FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

650716683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fernando Arana

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

8890 N.W. 119 ST

City

HIALEAH

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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

Fernando Arana

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

STREET ADDRESS

CITY - ST - ZIP

Fernando ARANA
8890 NW 119 ST
HIALEAH FL 33016

TITLE

NAME

STREET ADDRESS

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C. Coulliette JUL 16 2002

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*****150.00 *****150.00

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Fernando Arana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TRANS-SOL OPTICA SUPPLY INC.
JAIME ARANA (PRESIDENT)
1734 W. 68 ST.
HIALEAH FL.33014

SECRETARY OF STATE
DEPARTMENT OF CORPORATION

JULY 10, 2002

TO WHOM IT MAY CONCERN:

OUR CORPORATION DIDN'T DO THE ANNUAL REPORT ON MAY
FIRST BECAUSE I DISOLVE THE CORPORATION IN APRIL, 2002.

AND NOW WE HAVE DECIDED TO ACTIVATED THE CORPORATION,
AND WE ARE NOW SENDING YOU THE ANNUAL REPORT, PLEASE
WE LIKE TO ASK TO TAKE THE PENANTY OFF. AND LET US PAY
ONLY THE \$150.00.

WE DO THANK YOU, FOR YOUR HELP ON THIS MATTER.

SINCERELY,


JAIME ARANA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 3, 2002

TRANS-SOL OPTICAL SUPPLY, INC.
LAZARUS

SUBJECT: TRANS-SOL OPTICAL SUPPLY, INC.
Ref. Number: P96000102301

We have received your document for TRANS-SOL OPTICAL SUPPLY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 802A00042055

RECEIVED
02 JUL 15 AM 11:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRANS-SOL OPTICAL SUPPLY INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

RECEIVED
02 JUL -3 AM 11:16
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials