

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90031 014 \*\*\*158.75

**DOCUMENT # P97000007334**

1. Entity Name

**TRANSNATIONAL CAPITAL & DEVELOPMENT CORPORATION**

Principal Place of Business

**2805 FREEMAN STREET  
COCONUT GROVE FL 33133**

Mailing Address

**2805 FREEMAN STREET  
COCONUT GROVE FL 33133**

2. Principal Place of Business

**2211 S.W. 27th Way**

Suite, Apt. #, etc.

3. Mailing Address

**2211 S.W. 27th Way**

Suite, Apt. #, etc.

City &amp; State

**Coconut Grove, Florida**

City &amp; State

**Coconut Grove, Florida**

4. FEI Number

**65-0722392**

Applied For

Not Applicable

Zip  
**33133**

Country

**Miami-Dade**

Zip

**33133**

Country

**Miami-Dade**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

**CLARK, PAUL D****2805 FREEMAN STREET  
COCONUT GROVE FL 33133**

Name

**Martin T. Pettit**

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

**2211 S.W. 27th Way**

City

**Coconut Grove**

FL

Zip Code

**33133**

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 **Martin T. Pettit**

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/01**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLARK, PAUL D 2805 FREEMAN ST COCONUT GROVE FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D, S Paul D. Clark 2211 S.W. 27th Way, Coconut Grove FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PETTIT, MARTIN T 2805 FREEMAN ST COCONUT GROVE FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D Martin T. Pettit 2211 S.W. 27th Way Coconut Grove, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD PETIT, MARTIN T 2805 FREEMAN ST COCONUT GROVE FL 33183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

**Martin T. Pettit, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4200**

CR2E034 (10/00)