

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90035 048 \*\*\*158.75

**DOCUMENT # P97000007334**

**1. Entity Name**  
**TRANSNATIONAL CAPITAL & DEVELOPMENT CORPORATION**

**Principal Place of Business**  
**2211 SW 27TH WAY**  
**COCONUT GROVE FL 33133**

**Mailing Address**  
**2211 SW 27TH WAY**  
**COCONUT GROVE FL 33133**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**13499 Biscayne Blvd. P.O. Box 1882**  
**Suite, Apt. #, etc. 1705**

**3. Mailing Address**  
**P.O. Box 1882**  
**Suite, Apt. #, etc.**

**City & State**  
**North Miami COCONUT GROVE**

**4. FEI Number** **65-0722392** **Applied For**  
**Not Applicable**

**Zip** **33181** **Country** **MIAMI-DADE** **Zip** **33233** **Country** **MIAMI-DADE**

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

**6. Name and Address of Current Registered Agent**  
**PETTIT, MARTIN T**  
**2211 SW 27TH WAY**  
**COCONUT GROVE FL 33133**

**7. Name and Address of New Registered Agent**  
**Name** **MARTIN T. PETTIT**  
**Street Address (P.O. Box Number is Not Acceptable)** **13499 BISCAYNE BOULEVARD**  
**# 1705**  
**City** **North Miami** **FL** **Zip Code** **33181**

**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* **DATE** **4/30/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS CLARK, PAUL D 2211 SW 27TH WAY COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTIT, MARTIN T 2211 SW 27TH WAY COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PETTIT, MARTIN T 2805 FREEMAN ST COCONUT GROVE FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS PAUL D. CLARK 13499 BISCAYNE BLVD. #1705 NORTH MIAMI, FL. 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN T. PETTIT 13499 BISCAYNE BLVD. #1705 NORTH MIAMI, FL. 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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* **PRESIDENT MARTIN T. PETTIT** **DATE** **4/30/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(305) 696-3491**

CR2E034 (9/01)