Mar 13, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) P97000020588 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90033 029 ***150 00 TRANSGLOBAL CORPORATE ADMINISTRATION, INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE **SUITE 0-305 SUITE 0-305** MIAMI FL 33131 MIAM! FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0750045 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEMAN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) **520 BRICKELL KEY DRIVE SUITE 0-305** MIAMI FL 33131 City 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. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE Change TITLE ☐ Delete FREEMAN, STEPHEN A NAME NAME STREET ADDRESS 520 BRICKELL KEY DR., STE D-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE ☐ Addition TITLE DVP NAME NAME HABER, ROBERT M STREET ADDRESS 520 BRICKELL KEY DR., STE 0-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DVP NAME NAME ROJAS, MARCO E STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR., STE 0-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition NAME STANHAM, NICHOLAS STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR., STE O-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE Delete TITLE ☐ Change ☐ Addition LORIE-ARISTONDO, HILDI NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR. STE O-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expowered 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.

- STEPHEN A: FREEMAN SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 19, 2002 (305) 374-3800

Daytime Phone