

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 97000054612**

1. Entity Name
TRANSUR, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90085 042 ***150.00

Principal Place of Business Mailing Address
2050 N.W. 95th AVE. SAME
MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number
65-0772941
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SALMON, LY BIBIANA
2050 N.W. 95th AVE.
MIAMI, FL 33172
7. Name and Address of New Registered Agent
Name
GEORGE DE POZSGAY
Street Address (P.O. Box Number is Not Acceptable)
2950 S.W. 27th AVE. Ste#210
City **MIAMI** FL **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 *George de Pozsgay* **GEORGE DE POZSGAY** 4/4/00
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) **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICUNA, CLAUDIO		NAME	LY BIBIANA SALMON-SPENCER	
STREET ADDRESS	2050 N.W. 95th AVE.		STREET ADDRESS	2962 N.W. 98th PL.	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALMON, LY BIBIANA		NAME	GEORGE DE POZSGAY	
STREET ADDRESS	2050 N.W. 95th AVE.		STREET ADDRESS	2950 S.W. 27th AVE Ste#210	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 *Ly Bibiana Salmon-Spencer* **LY BIBIANA SALMON-SPENCER** 4/4/00 (305)594-0005
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)