

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90193 024 ***150.00

DOCUMENT # P97000056821

1. Entity Name
TRANSWORDS-NET, INC.

Principal Place of Business

7325 SW 112TH PLACE CIR
MIAMI FL 33173
US

Mailing Address

7325 SW 112TH PLACE CIR
MIAMI FL 33173
US

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 **65-0763059**

Applied For

Not Applicable

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

SALINAS, MARIA-JOSE'
7325 SW 112TH PLACE CIR
MIAMI FL 33173

Name **MARIA-JOSE' SALINAS**
 Street Address (P.O. Box Number is Not Acceptable)

7325 S.W. 112 PL. Cr.

City **Miami** **FL** Zip Code **33173**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
 NAME **SALINAS, MARIA-JOSE**
 STREET ADDRESS **7325 SW 112 PL CIR.**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☒ Delete
 NAME **SALINAS-ZEPEDA, MAXIMO H**
 STREET ADDRESS **7325 SW 112 PL. CIR.**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Change ☐ Addition
 NAME **PLEASE DELETE Mr. SALINAS-ZEPEDA**
 STREET ADDRESS **He is retiring. Thanks.**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **DE MORALES, LIANA**
 STREET ADDRESS **10765 SW 108TH AVE., #108-1**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 305-972-2631
 Date Daytime Phone #

CR2E034 (9/01)