

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90382 043 ***150.00

0362918 AV

DOCUMENT # P97000084304

1. Entity Name
TRANS SERV, INC.



Principal Place of Business
**318 INDIAN TRACE
PMB 124
WESTON FL 33326**

Mailing Address
**318 INDIAN TRACE
PMB 124
WESTON FL 33326**

2. Principal Place of Business
18455 Miramar Parkway
Suite, Apt. #, etc.
Suite 146

3. Mailing Address
18455 Miramar Parkway
Suite, Apt. #, etc.
Suite 146

City & State
Miramar, FL 33029

City & State
Miramar

4. FEI Number **65-0792216**

Applied For
Not Applicable

Zip
33029

Country
Broward

Zip
33029

Country
Broward

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BONETTI, THELMA
510 MONTCLAIRE DR.
FT. LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

Name
Thelma Bonetti
Street Address (P.O. Box Number is Not Acceptable)
18031 S.W. 22nd Street
City
Miramar

FL Zip Code
33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Thelma Bonetti**

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BONETTI, THELMA	318 INDIAN TRACE SUITE 124	WESTON FL 33326	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thelma Bonetti** **4/28/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 331 7718

CR2E034 (10/02)