

# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

Transflow Corp.  
P97000103565

Principal Place of Business

3749 Hunters Isle Drive  
Orlando, FL 32837

Mailing Address

same

2. Principal Place of Business

3749 Hunters Isle Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3480568

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

Roberto Reis  
3749 Hunters Isle Drive  
Orlando, FL 32837

### 7. Name and Address of New Registered Agent

Name  
Maria Ines Bota Buchalla  
Street Address (P.O. Box Number is Not Acceptable)  
4248 Town Center Blvd., Suite 4  
Orlando, FL 32837  
City  
FL 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



Maria Ines Bota Buchalla

3/23/01

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Director ☒ Delete  
Roberto Reis  
3749 Hunters Isle Drive  
Orlando, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Director ☐ Change ☒ Addition  
Maria Ines Bota Buchalla  
3749 Hunters Isle Drive  
Orlando, FL 32837

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003995402-1  
-03/09/01--01125--025  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

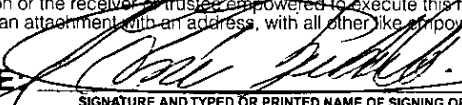
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
LS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003995402-1  
-04/12/01--01049--026  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

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



Maria Ines Bota

3/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buchalla

Date

Daytime Phone #

CR2E034 (11/00)