

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016375

1. Entity Name

TRANSMISSION CENTER, INC.

Principal Place of Business

4897 NORTH UNIVERSITY DRIVE  
LAUDERHILL FL 33351

Mailing Address

4897 NORTH UNIVERSITY DRIVE  
LAUDERHILL FL 33351

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 65-0816491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURLEY, BRIAN JOHN  
4897 NORTH UNIVERSITY DRIVE  
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name MICHAEL DIGIACINTO  
Street Address (P.O. Box Number is Not Acceptable)  
4897 N. UNIVERSITY DR.  
City LAUDERHILL FL 33351

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 Michael DiGiAcinto

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/01

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **PAZMINO, MARCO M**  
CITY-ST-ZIP **4897 NORTH UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **DIACIACINTO, MICHAEL**  
CITY-ST-ZIP **4897 NORTH UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **MURLEY, BRIAN T**  
CITY-ST-ZIP **4897 NORTH UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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: Michael DiGiAcinto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 954-578-5050  
Date Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90007 041 \*\*\*150.00

643259



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)