

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037218

1. Entity Name
TRANS-MIAMI CORP.

Principal Place of Business
**16300 NE 19 AVE
#235
NORTH MIAMI BEACH FL 33162**

Mailing Address
**16300 NE 19 AVE
#235
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A
9350 S DIXIE HWY, PH 2
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 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 **PTD**
NAME **FUNES, EDUARDO RAUL**
STREET ADDRESS **21270 NE 3RD CT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179** ☐ Delete

TITLE **VSD**
NAME **GARBER, MIGUEL G**
STREET ADDRESS **3388 NE 169TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 **PTD**
NAME **Funes, Eduardo Raul**
STREET ADDRESS **2345 NE 199 St**
CITY-ST-ZIP **N. Miami Bch, FL 33180** ☒ Change ☐ Addition

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

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

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

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

Date

305-931-8181

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90145 001 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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