

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90065 048 \*\*\*150.00

0257815 AV

**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  
**633 NE 167 street.**  
 Suite, Apt. #, etc.  
**#614**

3. Mailing Address  
**633 NE 167 street**  
 Suite, Apt. #, etc.  
**#614**

City & State  
**NORTH MIAMI Beach, FL**  
 Zip  
**33162**  
 Country  
**USA**

City & State  
**NORTH MIAMI Beach, FL**  
 Zip  
**33162**  
 Country  
**USA**

4. FEI Number  
**65-0830637**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 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, 2002 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	<input type="checkbox"/> Delete
NAME	TORRES, DIEGO	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SANTURIAN, MARCELO	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: x** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 02/07/02

Date

x 305-16-8877

Daytime Phone #

CR2E034 (9/01)