

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90098 026 ***150.00

950154



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000042733

1. Entity Name
NBC TRANS CORPORATION

Principal Place of Business 8600 NW 27TH AVENUE MIAMI FL 33147	Mailing Address 8600 NW 27TH AVENUE MIAMI FL 33147-4163
--	---

2. Principal Place of Business 180 SW. 63 AVE. Suite, Apt. #, etc.	3. Mailing Address 180 SW. 63 AVE. Suite, Apt. #, etc.
---	---

City & State MIAMI, FL	City & State MIAMI, - FL
----------------------------------	------------------------------------

4. FEI Number 65-0837406	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33144	Country MIAMI DADE	Zip 33144	Country MIAMI-DADE
---------------------	------------------------------	---------------------	------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

SALGADO, MARTHA I
8600 NW 27TH AVENUE
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name: **SALGADO, MARTHA I.**

Street Address (P.O. Box Number is Not Acceptable)
180 S.W. 63 AVE.

City: **MIAMI** FL Zip Code: **33144**

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 _____ (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, 2000 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	PTD <input type="checkbox"/> Delete SALGADO, MARTHA I 7900 SW 34 STREET MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Change <input type="checkbox"/> Addition SALGADO, MARTHA I. 180 S.W.63 AVE. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *M. Salgado* **INCURRED** PRESIDENT 4/24/00

DATE: _____ DAYTIME PHONE #: _____

CR2E034 19/991