

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90039 044 ***150.00

DOCUMENT # P98000056766

1. Entity Name

TRANSCONTINENTAL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

19540 SATURNIA LAKES DRIVE
 BOCA RATON FL 33498

19540 SATURNIA LAKES DRIVE
 BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

3151 CLINT MOORE RD

3151 CLINT MOORE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

SUITE 103

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0854958

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAX, HENRY A
19540 SATURNIA LAKES DRIVE
BOCA RATON FL 33498

Name

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

3151 CLINT MOORE RD

SUITE 103

City

BOCA RATON

FL

Zip Code

33496

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOP** Delete
 NAME **MAX, HENRY A**
 STREET ADDRESS **19390 COLLINS AVENUE, #702**
 CITY-ST-ZIP **MIAMI FL 33160**

TITLE **CEO** Change Addition
 NAME **MAX, HENRY A.**
 STREET ADDRESS **3151 CLINT MOORE RD, SUITE 103**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D** Delete
 NAME **MAX, HENRY A**
 STREET ADDRESS **19390 COLLINS AVENUE, #702**
 CITY-ST-ZIP **MIAMI FL 33160**

TITLE **D** Change Addition
 NAME **MAX, HENRY A.**
 STREET ADDRESS **3151 CLINT MOORE RD, SUITE 103**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **EVPD** Delete
 NAME **MAX, AUDREY**
 STREET ADDRESS **19390 COLLINS AVENUE, #702**
 CITY-ST-ZIP **MIAMI FL 33160**

TITLE **EVPD** Change Addition
 NAME **MAX, AUDREY**
 STREET ADDRESS **3151 CLINT MOORE RD, SUITE 103**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** Change Addition
 NAME **LORRAINE BRATHWAITE**
 STREET ADDRESS **3151 CLINT MOORE RD, SUITE 103**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: Henry A. Max **HENRY A. MAX**

APR. 27 2001 **561-988-2202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)