

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059645

1. Entity Name

TRANS - AMERICA MARITIME INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90004 008 \*\*\*550.00

Principal Place of Business

8461 N.W. 74 ST.  
MIAMI FL 33166

Mailing Address

8461 N.W. 74 ST.  
MIAMI FL 33166

2. Principal Place of Business

8455 N.W. 74TH STREET

3. Mailing Address

P O BOX 522166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

City & State  
MIAMI FL

4. FEI Number 65-0849457

Applied For  
Not Applicable

Zip  
33166-2325

Country  
U.S.A.

Zip  
33152-2166

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

MORALES, MELBA  
8461 N.W. 74 ST.  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name  
MELBA MORALES  
Street Address (P.O. Box Number is Not Acceptable)  
8455 N.W. 74TH ST.  
City  
MIAMI FL Zip Code  
33166-2325

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D MORALES, MELBA 7923 W. 14 CT. HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MAEBY 1745 W. 72 ST. HIALEAH FL 33014	<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	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-00 305-592-6292

CR2ED34 15/000