

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90003 043 ***150.00

DOCUMENT # P98000088570

1. Entity Name
THE TRANSMUTUAL GROUP INC.

Principal Place of Business

3899 N.W. 7 STREET
 202-B
 MIAMI FL 33126

Mailing Address

3899 N.W. 7 STREET
 202-B
 MIAMI FL 33126

2. Principal Place of Business

3899 NW 7 Street
 Suite, Apt. #, etc.
202

City & State
MIAMI, Florida

Zip Country
33126 Dade

3. Mailing Address

3899 N.W. 7 Street
 Suite, Apt. #, etc.
202

City & State
MIAMI, Florida

Zip Country
33126 Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0870922**

Applied For
 Not Applicable

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

HERNANDEZ, ARMANDO J
13820 SW 41 TERRACE
MIAMI FL 33175

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **HERNANDEZ, ARMANDO J**
 STREET ADDRESS **13820 SW 41 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **VPD** ☒ Delete
 NAME **HERNANDEZ, MARTHA**
 STREET ADDRESS **13820 SW 41 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Change ☒ Addition
 NAME **Alejandro J. Hernandez**
 STREET ADDRESS **3899 N.W. 7 Street suite 202**
 CITY-ST-ZIP **MIAMI, FLORIDA 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001 (305) 357-3333
 Daytime Phone #

CR2E034 (10/00)