

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90001 010 \*\*\*150.00

**DOCUMENT # P99000008737**

1. Entity Name

**TRANS CONTINENTAL WHOLESALE, INC.**

Principal Place of Business

**2745 N. FEDERAL HWY.  
 DELRAY BEACH FL 33483**

Mailing Address

**2745 N. FEDERAL HWY.  
 DELRAY BEACH FL 33483**

2. Principal Place of Business

**1153 Avocet Road.**

Suite, Apt. #, etc.

3. Mailing Address

**1153 Avocet Road**

Suite, Apt. #, etc.

City & State

**DeLray Beach, FL**

City & State

**DeLray Beach, FL**

Zip  
**33444**

Country

**USA**

Zip  
**33444**

Country

**USA**

4. FEI Number

**65-0900796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MAHADY, NICOLLE**

**2745 N. FEDERAL HWY.**

**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **Nicolle Mahady**

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

**1153 Avocet Road.**

City **DeLray Beach**

**FL**

Zip Code **33444**

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

**Nicolle Mahady**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/17/01**

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 12, 2001 Fee 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 **VP** ☐ Delete  
 NAME **MAHADY, MICHAEL G**  
 STREET ADDRESS **2745 NORTH FEDERAL HIGHWAY**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Michael G. Mahady**  
 STREET ADDRESS **1153 Avocet Road**  
 CITY-ST-ZIP **DeLray Beach, FL 33444**

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

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

TITLE ☐ Change ☐ Addition  
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 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:

**Nicolle Mahady**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/17/01 561-276-7000**

0082423 AV

CR2E034 (5/01)

*Attachment*  
*# P99000008737*  
*A8079041*

To Whom It May Concern:

I am writing regarding my Uniform Business Report. I just received this report on 7/17/01 and I DID NOT receive the first notice. Last year when I filed my report I sent in a change of address request with my report. My address was not changed in your records. Therefore, this report was sent to my old address. My new address is:

Trans-Continental Wholesale, Inc  
1153 Avocet Road  
Delray Beach, FL 33444

Please make this change on your records.

I spoke with Stacey in your reinstatement department and she advised me to send in my completed report with a fee of \$150.00, along with this note stating my reasoning for filing late.

If you have any further questions, please feel free to contact me at 561-276-7050.

Thank you

Nicolle Mahady

*Nicolle Mahady*