

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90138 026 \*\*\*550.00

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AV

**DOCUMENT # P99000013416**

1. Entity Name  
**TRANSORGA USA CORP.**



Principal Place of Business  
**9506 SW 140 CT  
MIAMI FL 33186**

Mailing Address  
**9506 SW 140 CT  
MIAMI FL 33186**



2. Principal Place of Business  
**2801 NW 74th AVE.**

3. Mailing Address  
**2801 NW 74th AVE**

Suite, Apt., etc.  
**Suite 224**

Suite, Apt., etc.  
**Suite 224**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip  
**33122**

Country  
**USA**

Zip  
**33122**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0897128**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KALKAS, MARITTI  
245 SE 1ST STREET  
SUITE 311  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ANDRES HERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**2801 NW 74th AVE. Suite 224**  
City **MIAMI** FL **33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ANDRES HERNANDEZ**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**7-11-03**  
DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete  
NAME **HERNANDEZ, ANDRES**  
STREET ADDRESS **9506 SW 140 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **HERNANDEZ ANDRES**  
STREET ADDRESS **2801 NW 74th AVE. Suite 224**  
CITY-ST-ZIP **MIAMI FL. 33122**

TITLE **VP** ☐ Change ☒ Addition  
NAME **HELMUT, FILE**  
STREET ADDRESS **2801 NW 74th AVE. Suite 224**  
CITY-ST-ZIP **MIAMI FL. 33122**

TITLE **ST** ☐ Change ☒ Addition  
NAME **JASON, DUARTE**  
STREET ADDRESS **2801 NW 74th AVE. Suite 224**  
CITY-ST-ZIP **MIAMI FL. 33122**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANDRES HERNANDEZ** **7-11-03** **305-599-3285**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)