

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90086 004 \*\*\*150.00

**DOCUMENT # P99000019770**

1. Entity Name

**TRANS-CARIBE COMMUNICATIONS, INC.**

Principal Place of Business

**9109 QUEEN ELIZABETH CT.  
 ORLANDO FL 32818**

Mailing Address

**P.O. BOX 5222  
 WINTER PARK FL 32793-5222**

*no longer*

2. Principal Place of Business

3. Mailing Address

**P.O. Box 22484**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lake Buena Vista, FL**

Zip

Country

Zip

Country

**32830**

**Orange**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, MARIO A  
 225 E. ROBINSON ST. STE. 540  
 ORLANDO FL 32802**

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 NAME ☒ Delete  
**P ALLEN, SHERRY E**  
 STREET ADDRESS **P.O. BOX 5222**  
 CITY-ST-ZIP **WINTER PARK FL 32793-5222**

TITLE NAME ☒ Change ☐ Addition  
**President**  
 STREET ADDRESS **Sherry E. Allen-Meyer**  
 CITY-ST-ZIP **P.O. Box 22484**  
**Lake Buena Vista, Florida 32830**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE NAME ☐ Delete  
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 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: Sherry E. Allen-Meyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

407-532-9039

Daytime Phone #

CR2E034 (10/00)