2001-UNIFORM BUSINESS REPORT (UBR)						
DÖCUMENT # 7990000 37547 1. Entity Name						
TESTED & GUARANTERO TRANSmission /				م ا	. FILED	
					01 FEB 27 AM 10: 59	
Principal Place of Business Mailing Address					SECRETARYLOF STATE	
3720 NW 7957 SAME					,TALLAHASSEE, FLORIDA	
MIAMI 12. 33147					•	
2. Principal Place of Business 3. Mailing Address 3.7 2. Ww79 57						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State .		City & State		-	4. FEI Number Applied For Not Applicable	
Zip 33 (Country	Zip	Country		5 Cartificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered A	
Name Tau					L GRANVILLE	
			Street A	Street Address (P.O. Box Nymber is Not Acceptable)		
				<u>د د د د د د د د د د د د د د د د د د د </u>	=11 00 0 5/	
;			City	214	FL.	Zip Code
8. The above named entity submite this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE Signature, typed or printegraphe of register/of agent and title - It epplicates (NOTE: Registered Agent signature required when reinstating) O7 / 26 / 01 OATE						
9. This corporation is clinible to estiss the Integrable FILE NOW INTERPRESENTATION OF THE PROPERTY OF THE PRO						
Tax filing requirement and elects to do so. (See criteria on back) 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 D		12.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	PRESIDENT JOSE Dimes	Delete	TITLE	PRIS	バナアルベモ イ	Change
NAME: STREET ADDRESS:	JOSE Dimes	ŕ	NAME STREET ADDRESS	050	ARS, CABALLER	
CITY-ST-ZIP			CITY-ST-ZIP	733	2N.W. 857	
TITLE		☐ Delete	TITLE NAME	P. 6	RANSILLE SETYT	Change Addition
NAME STREET ADDRESS			STREET ADDRESS	7332	~~~ 8 ST · ()	0/600
CITY-ST-ZIP			CITY-ST-ZIP	m	ami FL 3312	6
TITLE NAME		☐ Delele	TITLE NAME		800003802	Change Addition
STREET ADDRESS			STREET ADDRESS	1	03/06/010 ****158.75	01075006
CITY-ST-ZIP			CITY-SI-ZIP		*****100; (0	*本本末158,75 ☐ Change ☐ Addition *
TITLE NAME		☐ Delete	TITLE NAME]		
STREET ADDRESS			STREET ADDRESS			• •
CITY-ST-ZIP			CITY-S1-ZIP	· · · · · ·		Change Addition
TITLE NAME		☐ Delete	TITLE NAME]		_ drange _ Noomon
STREET ADDRESS	,	•	STREET ADDRESS]		
CITY-ST-ZIP		Delete	CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME		. Delete	NAME			
STREET ADDRESS			STREET ADDRESS	}		SP
CITY-ST-ZIP	pertify that the information supplied with t	his filing does not qualify for the	CITY-ST-ZIP he exemption sta	ted in Section	on 119.07(3)(i), Florida Statutes. I further cert	tify that the information
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 receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: / Seas & Cabella 2/26/01 305 69 422 00						
SIGNATURE: USIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayle Dayline Prone #						