

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 24 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **99000042491**

1. Entity Name

**TRANDATA CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8501 NW 17th ST**

3. Mailing Address

**14345 SUNSET LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 101**

City & State

City & State

**MIAMI, FL**

**FORT LAUDERDALE**

Zip

Country

Zip

Country

**33126**

**U.S.A**

**33330**

**U.S.A**

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE *05*

4. FEI Number

**650950806**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**KAZ CHARY**

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

**15871 SW 14th ST.**

City

**PEMBROKE PINES**

**FL**

Zip Code

**33027**

**DO NOT WRITE  
IN THIS SPACE**

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]*  
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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME **KAZ CHARY, PRESIDENT**  
STREET ADDRESS **15871 SW 14 ST.**  
CITY-ST-ZIP **PEMBROKE PINES**

TITLE NAME  
STREET ADDRESS **300023549563**  
CITY-ST-ZIP **10/03/03--01081--004 \*\*150.00**

TITLE NAME  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SEP 24/2003* 305 775 2985

Date

Daytime Phone #

CR2E034B (12/01)

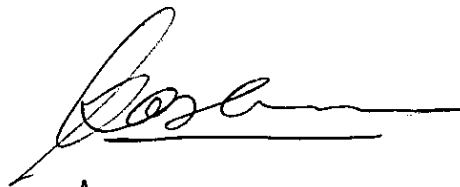
REF: \$ 99 0000 42491

DEAR SIR / MADAM:

MY NAME IS KAZ CHARY AND I AM  
THE OWNER OF TRANSDATA CORPORATION, LOCATED  
IN MIAMI.

WE HAVE MOVED LOCATIONS IN THE PAST 9  
MONTHS, AND WE HAVE NOT RECEIVED THE  
UBR REPORT - DUE TO THE CHANGE OF  
ADDRESS FOR THE YEAR 2003.

I WOULD APPRECIATE VERY KINDLY, IF THE  
CORPORATION RE-INSTATED IN ~~THE~~ STATE OF FLORIDA



KAZ CHARY  
PRESIDENT

09/24/2003