

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 08, 2000 8:00 am
Secretary of State

04-13-2000 90074 031 ***150.00

DOCUMENT # P99000042822

1. Entity Name

TRANSATLANTIC 2000 CORP.

Principal Place of Business

Mailing Address

2801 NW 74TH AVENUE
SUITE 223
MIAMI FL 33122

2801 NW 74TH AVENUE
SUITE 223
MIAMI FL 33122-1443

2. Principal Place of Business

36 MAJORCA AVE

3. Mailing Address

36 MAJORCA AVE

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0918312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSIMOGIANNIS, JOHNNY
6441 SW 21ST STREET
WEST MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **Liliana Marcela Gonzalez**

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

36 MAJORCA AVE, Suite #3

City **Coral Gables**

FL

Zip Code **33134**

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, 2000 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

TITLE **PSTD**
NAME **GONZALEZ, LILIANA M**
STREET ADDRESS **2801 NW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VD**
NAME **GONZALEZ, MARIO R**
STREET ADDRESS **2801 NW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **SD**
NAME **HERNANEZ, JORGE**
STREET ADDRESS **2801 NW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD**
NAME **LILIANA M GONZALEZ**
STREET ADDRESS **36 MAJORCA AVE, SUITE #3**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **PSTD**
NAME **JUAN YEDES**
STREET ADDRESS **1712 SW 101 TERRACE MI**
CITY-ST-ZIP **MIAMI, FL 33025**

TITLE **SD**
NAME **RODRIGO VALENZUELA**
STREET ADDRESS **3230 SW 152 AVE. CIRC #6**
CITY-ST-ZIP **MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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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 [] empowered.

SIGNATURE:

Liliana Marcela Gonzalez

(305) 461 1168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)