

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90107 033 \*\*\*550.00

**DOCUMENT # P99000052275**

1. Entity Name

TRANSPACIFIC USA, INC.

Principal Place of Business

C/O MICHAEL WEISS & ASSOCIATES. P.A.  
 1401 BRICKELL AVE., SUITE 300  
 MIAMI FL 33131

Mailing Address

C/O MICHAEL WEISS & ASSOCIATES. P.A.  
 1401 BRICKELL AVE., SUITE 300  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, MICHAEL N  
 MICHAEL WEISS & ASSOCIATES, P.A.  
 1401 BRICKELL AVE., SUITE 300  
 MIAMI FL 33131

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	CHUA, ELEANOR	
STREET ADDRESS	C/O 1401 BRICKELL AVENUE, #300	SEP CONSULTING
CITY-ST-ZIP	MIAMI FL 33131	P.O. BOX 653733 SERVICE
TITLE		MIAMI, FL 33265 Del 3733
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 JULY 2002

904 887 6070

CR2E034 (4/02)

Attachment

971842

TRANSPACIFIC USA INC  
EMAIL: [eleanor@globalnet.hn](mailto:eleanor@globalnet.hn)  
C/o AEP Consulting Services  
PO Box 653733, Miami, FL 33265-3733

To: Dept of State  
Uniform Business Report

Re: Electronic Filing Key for Document #P99000052275 FEI No: 65-0938767

Dear Sir/Madam

Appreciate you could let me have the Electronic Filing Key to enable me to file the above documents electronically.

Please advise access key by email to : [eleanor@globalnet.hn](mailto:eleanor@globalnet.hn)

Thank you.

Eleanor Chua

26 JUL 02

RECEIVED  
JUL 26 2002  
U.S. DEPARTMENT OF STATE  
OFFICE OF THE ATTORNEY GENERAL  
WASHINGTON, D.C.