## 2000 UNIFORM BUSINESS REPORT (UBR)

with an add

PED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTOR

**SIGNATURE:** 

## **FILED** DOCUMENT # P9900060658 Apr 21, 2000 8:00 am Secretary of State TRANSGLOBAL SYSTEMS, INC. 04-21-2000 90165 033 \*\*\*150.00 Principal Place of Business Mailing Address 308 TEQUESTA DR., STE. 27 308 TEQUESTA DR., STE. 27 TEQUESTA FL 33469-3049 **TEQUESTA FL 33469** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent MATTEUCCI, JASON R Street Address (P.O. Box Number is Not Acceptable) 18249 SE CASSIA LANE **TEQUESTA FL 33469** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE Delete TITLE MATTEUCCI, JASON R NAME NAME STREET ADDRESS STREET ADDRESS 308 TEQUESTA DR., STE. 27 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Addition ☐ Change TITLE ☐ Delete TITLE MATTEUCCI, ADRIAN M NAME NAME STREET ADDRESS STREET ADDRESS 308 TEQUESTA DR., STE. 27 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** Addition ☐ Delete Change --TITLE NAME STREET ADDRESS STREET ADDRESS Tabernacle, NJ 08088 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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