

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

FILED

02 JAN 30 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062008

1. Entity Name

Trans-Print, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 Ponce de Leon

3. Mailing Address

1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

C. Gables, FL

City & State

C. Gables, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0940416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Paul E. Castro

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

1000 Ponce de Leon Blvd.

Suite: 101

City

C. Gables

FL

Zip Code

33134

**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

Paul E. Castro

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

STREET ADDRESS

CITY - ST - ZIP

PID
Paul E. Castro
1000 Ponce de Leon Blvd.
C. Gables, FL 33134

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

9000004913189--0
-02/13/02--01018--016
****150.00 ****150.00

TITLE

NAME

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

Paul E. Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #