## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 22, 2001 8:00 am DOCUMENT # P99000068622 Secretary of State 1. Entity Name TRANSGLOBAL REALTY, INC. 01-22-2001 90135 022 \*\*\*150.00 Mailing Address Principal Place of Business 10139 N.W. 31ST STREET. #101 10139 N.W. 31ST STREET. #101 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 606228 3. Mailing Address 2. Principal Place of Business 12477 Classic Dr 12477 Classic DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0938260 olal Splings. Not Applicable 2060) 501,00 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nathanson, Eric NATHANSON, ERIC Street Address (P.O. Box Number is Not Acceptable) 10139 N.W. 31ST STREET, #101 **CORAL SPRINGS FL 33065** Zip Code 33タフィ 8. The above named entity subprits 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) 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition TITLE Delete TITLE Nathanson, Eric NATHANSEN, ERIC NAME STREET ADDRESS 12477 CLASSIC DR. 12477 classic Ol. Coral springs, FL 33071 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 13. I hereby certify that the information supplied with this filling 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 anadress, with all other like empowered.