

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90201 027 ***150.00

DOCUMENT # **P990000083571**

1. Entity Name
TRANSMISSION WHOLESALERS INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2011 N. DIXIE HWY

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

POMPAHO BCH FL

City & State

POMPAHO B. FL

4. FEI Number

65-0959716

Applied For

Not Applicable

Zip

33060

Country

BROWARD

Zip

33060

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

A. SERGIO DO ROSARIO

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

2670 NE 48 ST

FL

City

LIGHTHOUSE PT

Zip Code

33064

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

SIGNATURE

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/03

January - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
A. SERGIO DO ROSARIO
2670 NE 48 ST
LIGHTHOUSE PT FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. SERGIO DO ROSARIO

DATE

5/29/03

Daytime Phone #

(954) 942-6789

CR2E034B (12/02)