

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083673

1. Entity Name

TRANSAG INTERNATIONAL, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90232 042 ***150.00

Principal Place of Business

1331 S. DIXIE HWY., UNIT 5A
POMPAÑO BEACH FL 33060

Mailing Address

1331 S. DIXIE HWY., UNIT 5A
POMPAÑO BEACH FL 33334-2232

2. Principal Place of Business

3932 N.E. 5th Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oakland Park, Florida

City & State

4. FEI Number

65-0966815

Applied For

Not Applicable

Zip

Country

33334-2232

Broward

Zip

Country

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

REU-DOM & ASSOCIATES
1207 S.W. 2ND ST.
POMPAÑO BEACH FL 33069-3209

Name

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

3932 N.E. 5th Avenue

City

Oakland Park

FL

Zip Code

33334-2232

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ELKINSON, WALTER
1331 S. DIXIE HWY., STE. 5A
POMPAÑO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WHELAN, BRIAN
LAVENDER COTTAGE, QUILL RD.
KILMACANOGUE CO WICKLOW IREL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Walter Elkinson
WALTER ELKINSON

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)