

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90051 001 ***300.00

DOCUMENT # P99000108137

1. Entity Name

TRANSACTION PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

4046 EASTRIDGE DRIVE
 POMPANO BEACH FL 33064

4046 EASTRIDGE DRIVE
 POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

750 E. SAMPLE ROAD

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 3, BAY 2

ABOVE

City & State

City & State

POMPANO BEACH, FL

4. FEI Number

65-0968530

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

USA

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

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

City

FL

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

James R. Studle JAMES R. STUDLE

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
 PTD
 STUDLE, JAMES R
 4046 EASTRIDGE DRIVE
 POMPANO BEACH FL 33064 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 SYNALOVSKI, FELIPE
 4046 EASTRIDGE DRIVE
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 OSTOLAZA, FELIX R
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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 an other like empowered.

SIGNATURE:

James R. Studle JAMES R. STUDLE

Date

Daytime Phone #

4/25/00

954-788-7104

CR2E034 (9/99)