2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90148 013 ***150.00

DOCUMENT # S30069

1. Entity Name

TRANSOCEANIC TRADE CORP.

Principal Place of Business	Mailing Address
7527 West 24th Avenue Hialeah, FL.33016	8372 N.W.143rd. Terr. Miami Lakes,FL.33016

A00000030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7527 W. 24th.AV. Suite, Apt. #, etc.	8372 N.W.143rd. Terr. Suite, Apt. #, etc.
City & State: Hialeah,FL.	City & State: Miami Lakes,Florida
Zip: 33016 Country: U.S.	Zip: 33016 Country: U.S.

4. FEI Number: 65-0244903 ☐ Applied For ☐ Not Applicable

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
Castillo, Xiomara 8372 N.W.143rd. Terr. Miami Lakes, Florida 33016	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 _____ 06/30/2000
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition P/D XIOMARA CASTILLO 8372 N.W.143rd. Terr,Miami Lakes, FL.33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X ☐ Change ☐ Addition D/M OJEDA,HERNANDO 7527 W.24th. Av.,Hialeah,FL.33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition X V/D GUZMAN,LUIS 8372 N.W.143rd.Terr,Miami Lakes, Fl.33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X ☐ Change ☐ Addition T/S CASTILLO,ANTONIA 8372 N.W.143rd.Terr. Miami Lakes, FL.33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 06/30/2000 305-5579469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
DHS30069
A00700358

TRANSOCEANIC TRADE CORP.

Miami, 07/20/2000

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

As discussed over the phone, herewith we notify you that we never received the original form from your office. Due to our recent move it probable got lost in the mail.

As agreed by phone, please find attached form properly filled out as well as payment in the amount of $ 150.00.

We appreciate your understanding and cooperation regarding this matter.

Sincerely,

Xiomara Castillo

7527 West 24th Avenue - Hialeah, Florida 33016
Tel: (305) 557-9469 Fax: (305) 557-9470
Email: transoce@aol.com