

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 013 ***150.00

AVU 10000

DO NOT WRITE IN THIS SPACE

DOCUMENT # S30069

1. Entity Name
 TRANSOCEANIC TRADE CORP.

Principal Place of Business **Mailing Address**

7527 West 24th Avenue 8372 N.W.143rd. Terr.
 Hialeah, FL.33016 Miami Lakes, FL.33016

2. Principal Place of Business **3. Mailing Address**

7527 W. 24th.AV. 8372 N.W.143rd. Terr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Hialeah, FL. Miami Lakes, Florida
 Zip Zip Country Country
 33016 33016 U.S. U.S.

4. FEI Number **Applied For**

65-0244903 ☐ 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 **DATE**

[Signature] 06/30/2000

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**

(See criteria on back) ☐ **After MAY 1, 2000 Fee will be \$550.00**

10. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution. ☐ **Make Check Payable to Department of State**

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

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: **DATE** **Daytime Phone #**

[Signature] 06/30/2000 305-5579469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

TRANSOCEANIC TRADE CORP.

Attachment
DHS30069
ADJ70038

Miami, 07/20/2000

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

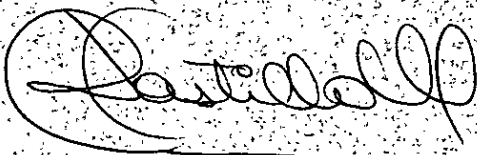
Dear Sirs,

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

Email: transoce@aol.com

Fax: (305) 557-9470