

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01047

1. Entity Name

TRANSACTIONAL REALTY, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90292 038 \*\*\*158.75

Principal Place of Business 2665 S. BAYSHORE DR. STE - 302 COCONUT GROVE FL 33133 US	Mailing Address 2665 S. BAYSHORE DR. STE - 302 COCONUT GROVE FL 33133-5402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1501 Collins Ave. Suite, Apt. #, etc. 3rd Floor City & State Miami Beach, FL Zip 33139 Country U.S.	3. Mailing Address 1501 Collins Ave. Suite, Apt. #, etc. 3rd Floor City & State Miami Beach, FL Zip 33139 Country U.S.
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4. FEI Number 65-0301014	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAZILLEAU, ERIC 2665 SOUTH BAYSHORE DRIVE, SUITE 302 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fazilleau, Eric 1501 Collins Ave, 3rd Floor Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KWIAT, ANDREW 2665 SOUTH BAYSHORE DR, STE 302 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Kwiat, Andrew 1501 Collins Ave, 3rd Floor Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELOY CARMENATE 2665 S BAYSHORE DRIVE, SUITE 302 COCONUT GROVE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marc Pietri 1501 Collins Ave, 3rd Floor Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDREW KWAIT 2665 S. BAYSHORE DRIVE, SUITE 302 COCONUT GROVE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V meunier, Jean-marc 1501 Collins Ave, 3rd Floor Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAZILLEAU, ERIC 2665 S. BAYSHORE DR., STE 302 COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Atlas, Janet 1501 Collins Ave, 3rd Floor Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #
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CR2E034 (9/99)