

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90878 026 ***150.00

DOCUMENT # 243288

1. Entity Name
TWIN OIL COMPANY

Principal Place of Business

15290 N W 7TH AVENUE
 MIAMI FL 33169

Mailing Address

15290 N W 7TH AVENUE
 MIAMI FL 33169-6204

2. Principal Place of Business

15300 N. W. 7th Avenue

3. Mailing Address

15300 N. W. 7th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number

59-0932728

Applied For
 Not Applicable

Zip
 33169

Country
 Dade

Zip
 33169

Country
 Dade

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

VOLANTE, GABRIEL
 15290 N.W. 7TH AVE
 MIAMI FL 33169

Name

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

15300 N. W. 7th Avenue

City Miami

FL

Zip Code
 33169

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 PD Delete
 NAME VOLANTE, GABRIEL
 STREET ADDRESS 1580 SW 154 TERRACE
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST Delete
 NAME DIAZ, MARIA
 STREET ADDRESS 8003 N.W. 163RD TERRACE
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME PENZI, NANCY
 STREET ADDRESS 2355 N.E. 197TH STREET
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME GOLDBERG, MICHAEL W
 STREET ADDRESS 1648 SW 158 AVE
 CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00 (305)688-9613

Date

Daytime Phone #