

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91160 033 \*\*\*150.00

770818

**DOCUMENT #** 243288

**1. Entity Name**  
 TWIN OIL COMPANY

**Principal Place of Business** 15300 NW 7th Avenue  
 Miami, FL 33169  
**Mailing Address** 15300 NW 7th Avenue  
 Miami, FL 33169

**2. Principal Place of Business** 15300 NW 7th Avenue  
 Suite, Apt. #, etc.  
**3. Mailing Address** 15300 NW 7th Avenue  
 Suite, Apt. #, etc.

**City & State** Miami, FL  
**Zip** 33169  
**Country** Dade  
**City & State** Miami, FL  
**Zip** 33169  
**Country** Dade

**4. FEI Number** 59-0932728  
**Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 VOLANTE, GABRIEL  
 15300 NW 7th Avenue  
 Miami, FL 33169

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
 15300 NW 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** \_\_\_\_\_ (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, 2001 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**

<b>TITLE</b>	PD <input type="checkbox"/> Delete
<b>NAME</b>	VOLANTE, GABRIEL
<b>STREET ADDRESS</b>	1580 SW 154 TERRACE
<b>CITY-ST-ZIP</b>	PEMBROKE PINES, FL
<b>TITLE</b>	ST <input type="checkbox"/> Delete
<b>NAME</b>	DIAZ, MARIA
<b>STREET ADDRESS</b>	8003 NW 163rd TERRACE
<b>CITY-ST-ZIP</b>	MIAMI, FL
<b>TITLE</b>	S <input type="checkbox"/> Delete
<b>NAME</b>	PENZI, NANCY
<b>STREET ADDRESS</b>	2355 NE 197TH STREET
<b>CITY-ST-ZIP</b>	MIAMI, FL
<b>TITLE</b>	V <input type="checkbox"/> Delete
<b>NAME</b>	GOLDBERG, MICHAEL
<b>STREET ADDRESS</b>	4923 NW 110 WAY
<b>CITY-ST-ZIP</b>	CORAL SPRINGS, FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Gabriel Volante* **GABRIEL VOLANTE** **04/27/01** **(305)688-9613**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)