2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90205 011 ****50.00

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DOCUMENT # L01000004836

1. Entity Name
TWITY, L.C.

Principal Place of Business	Mailing Address
1 S.E. 3RD AVENUE. SUITE 960 C/O LESLIE ALAN ROZENCWAIG MIAMI FL 33131	1 S.E. 3RD AVENUE. SUITE 960 C/O LESLIE ALAN ROZENCWAIG MIAMI FL 33131

965741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CALLE 12 NO. 60-97	c/o 1 S.E. 3rd AVE
Suite, Apt. #, etc.: APARTADO AEREO 91309	Suite, Apt. #, etc.: STE 960
City & State: BOGOTA D.C. COLOMBIA	City & State: MIAMI, FLA
Zip: / Country:	Zip: 33131 / Country: USA

4. FEI Number: 65-1136496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN
1 S.E. 3RD AVENUE, SUITE 960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: LESLIE ALAN ROZENCWAIG, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3rd AVE
STE 960
City: MIAMI FL Zip Code: 33131

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] DATE: 1/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINER, JIMMY 1 S.E. 3RD AVENUE, SUITE 960 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRILLOLTENSKY, SANDRA 1 S.E. 3RD AVENUE, SUITE 960 MIAMI FL 33131	☐ 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
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #