

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066689

1. Entity Name
TRANSWORLD TRADE & INVESTMENT CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 026 ***150.00

Principal Place of Business 2319 N STATE RD 7 HOLLYWOOD FL 33021 US	Mailing Address C/O CAROLY PEDERSEN 3111 STIRLING RD FT LAUDERDALE FL 33312-6566 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>c/o Caroloy Pedersen</i>	
Suite, Apt. #, etc.		Suite, Apt. # etc. <i>PMB 147, 2611 N. Hiatus Rd.</i>	
City & State		City & State <i>Cooper City, FL</i>	
Zip	Country	Zip <i>33028</i>	Country <i>USA</i>

4. FEI Number 65-0856157	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent
**PEDERSEN, CAROLY ESQ.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

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 *2/8/00*

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D MA, LONG 19801 EAST COUNTRY CLUB DRIVE, #405 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, BO 2611 N. Hiatus Rd. PMB 147 COOPER CITY, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, BAOFENG 16308 N.W. 18TH STREET PEMBROKE PINES FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENG, YUCHUN 2611 N. HIATUS RD. PMB 147 COOPER CITY, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAIYUN, EVELYN M 19801 E COUNTRY CLUB DR #405 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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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 names empowered.

SIGNATURE: DATE *2/8/00* (405) 217 7066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)