

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90370 013 ***150.00

DOCUMENT # P 98000066689
 1. Entity Name
TRANSWORLD TRADE & INVESTMENT CORPORATION

Principal Place of Business
**2319 N STATE RD 7
 HOLLYWOOD FL 33021
 US**

Mailing Address
**C/O CAROLY PEDERSEN
 PMB 147, 2611 N. HIATUS RD.
 COOPER CITY FL 33028 US**

2. Principal Place of Business
1225 NE 162 STREET

3. Mailing Address
1225 NE 162 STREET

Suite, Apt. #, etc.

City & State
N. MIAMI BEACH FL

City & State
N. MIAMI BEACH FL

Zip
33162 Country **USA**

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33162 Country **USA**

4. FEI Number **65-0856157**

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
**PEDERSEN, CAROLY ESQ.
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **C. TONY MOK, CPA**

Street Address (P.O. Box Number is Not Acceptable)
1225 NE 162 STREET

City **N. MIAMI BEACH FL** Zip Code **33162**

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 **C. TONY MOK** & **C. TONY MOK, CPA** DATE **1/30/2001**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, BO 1225 NE 162 STREET N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENG, YUCHUN 1225 NE 162 STREET N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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: **[Signature]** **YUCHUN MENG, DIRECTOR** Date: **JAN 24, 2001** Daytime Phone #: **(305) 354 7171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)