

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**  
 09-12-2000 90014 019 \*\*\*550.00

**DOCUMENT # 226233**

1. Entity Name

**TWENTY LIMITED INC**

Principal Place of Business

20191 E COUNTRY CLUB DR  
 APT. 903  
 AVENTURA FL 33180  
 US

Mailing Address

20191 E COUNTRY CLUB DR  
 APT. 903  
 AVENTURA FL 33180  
 US

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

"

Suite, Apt. #, etc.

"

City & State

"

City & State

"

Zip

"

Country

"

Zip

"

Country

"



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0969009**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WELDON, RUTH**  
**20191 E COUNTRY CLUB DR #903**  
**AVENTURA FL 33180**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **POWELL, RUTH**  
 STREET ADDRESS **20582 NE 6TH CT**  
 CITY-ST-ZIP **NO MIAMI BCH FL 33179**

TITLE **V** ☐ Delete  
 NAME **SAMACH, AUGUSTA**  
 STREET ADDRESS **445 NE 195 ST.**  
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **S** ☐ Delete  
 NAME **MARSHAK, ELEANOR**  
 STREET ADDRESS **661-NE 195TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **T** ☐ Delete  
 NAME **WELDON, RUTH**  
 STREET ADDRESS **20191 E COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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**  
**SECRETARY OF STATE**

**9/9/00 (305)-935-5787**  
 Date Daytime Phone #

CR2E034 (5/00)