

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90089 035 ***150.00

DOCUMENT # 294940

1. Entity Name
THE TWINS, INC.

Principal Place of Business
**1009 E 26TH ST
 HIALEAH FL 33013**

Mailing Address
**1009 E 26TH ST
 HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1107533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOARDMAN, BARNEY
 1009 E 26TH ST
 HIALEAH FL 33013**

Name

Baird, Jacqueline B.

Street Address (P.O. Box Number is Not Acceptable)

1356 Bay Terrace

No Bay Village, 33141

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 **Jacqueline B. Baird**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when first starting)

DATE

01-08-02

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, 2002 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 **PD** ☒ Delete
 NAME **BOARDMAN, BARNEY**
 STREET ADDRESS **7935 EAST DRIVE**
 CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

TITLE **President** ☒ Change ☐ Addition
 NAME **Baird, Jacqueline B.**
 STREET ADDRESS **1356 Bay Terr. No. Bay Village**
 CITY-ST-ZIP **FL 33141**

TITLE **VD** ☐ Delete
 NAME **BAIRD, JACQUELINE B**
 STREET ADDRESS **1356 BAY TERRACE**
 CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

TITLE **Sec. Tres.** ☒ Change ☐ Addition
 NAME **Mitchell, Gillian C**
 STREET ADDRESS **1105 Bell Mead Dr. Miami, Fl.**
 CITY-ST-ZIP **33138**

TITLE **SD** ☐ Delete
 NAME **MITCHELL, GILLIAN C**
 STREET ADDRESS **1105 BELL MEAD ISLAND DR**
 CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
 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:

Jacqueline B. Baird
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/08/02

Daytime Phone #

CR2E034 (9/01)