

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90171 025 \*\*\*150.00

**DOCUMENT # 815989**

1. Entity Name  
**TWERY'S INC.**



Principal Place of Business  
**160 NORTHEAST 40 STREET**  
**MIAMI FL 33137**

Mailing Address  
**160 NORTHEAST 40 STREET**  
**MIAMI FL 33137**

2. Principal Place of Business  
**10155 COLLINS AVENUE**  
Suite, Apt. #, etc.  
**APT. 1110**

3. Mailing Address  
**10155 COLLINS AVENUE**  
Suite, Apt. #, etc.  
**APT. 1110**

City & State  
**BAL HARBOUR, FL 33154**

City & State  
**BAL HARBOUR, FL 33154**

4. FEI Number  
**13-5447508**

Applied For  
☐ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**EBER, FELISE**  
**555 NE 34TH ST. #1010**  
**MIAMI FL 33137**

## 7. Name and Address of New Registered Agent

Name  
**STUART EBER**  
Street Address (P.O. Box Number is Not Acceptable)  
**10155 COLLINS AVENUE, APT. 1110**  
City **BAL HARBOUR, FL** Zip Code **33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stuart Eber*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/20/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete  
NAME **EBER, BERTHA**  
STREET ADDRESS **160 NE 40 ST.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DS** ☒ Change ☐ Addition  
NAME **EBER, BERTHA**  
STREET ADDRESS **10155 COLLINS AVE, #1110**  
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

TITLE **PVD** ☐ Delete  
NAME **EBER, STUART**  
STREET ADDRESS **160 NE 40 ST.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PVD** ☒ Change ☐ Addition  
NAME **EBER, STUART**  
STREET ADDRESS **10155 COLLINS AVE, #1110**  
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

TITLE **VP** ☐ Delete  
NAME **EBER, FELISE M.**  
STREET ADDRESS **160 NE 40 ST.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VP** ☒ Change ☐ Addition  
NAME **EBER, FELISE**  
STREET ADDRESS **555 NE 34 STREET, #1010**  
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Stuart Eber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/03*  
Date

Daytime Phone #

CR2E034 (10/02)