

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # A97000000996**1. Entity Name
TRANSWORLD LINK, LIMITED PARTNERSHIP

Principal Place of Business 3413 NORTH WEST 51ST PLACE BOCA RATON FL 33496	Mailing Address 3413 NORTH WEST 51ST PLACE BOCA RATON FL 33496
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0783965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent BARSOU ELIZABETH 3413 NORTH WEST 51ST PLACE BOCA RATON FL 33496 US	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>City FL Zip Code</td></tr></table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City FL Zip Code
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 **ELIZABETH BARSOU**DATE **04/28/2001**

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

DATE

9. Capital Contributions as Shown on record. **1,960.00**10. Amount of Capital Contributions in FLORIDA to date. **1,960.00****11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Elizabeth Barsoum**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERMrs **04/28/2001**

Date

Daytime Phone #

CR2E003 (11/00)