FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91744 020 ***150.00

DOCUMENT # K55585

1. Entity Name
Twin Towers of Hollywood, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
339 Virginia Street		339 Virginia Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood, FL 33019		City & State: Hollywood, FL 33019	
Zip: 33019	Country: USA	Zip: 33019	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0100369 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peggy Cannis
Street Address (P.O. Box Number is Not Acceptable): 339 Virginia Street
City: Hollywood **FL** Zip Code: 33019

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] 5/1/2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP
PD	Jerry Cannis 339 Virgina Street Hollywood, FL 33019		
VP/S	Peggy Cannis 339 Viriigina Street Hollywood, FL 33019		
			DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/2002 (954) 923-9014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #