2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57510

1. Entity Name
THE TURNWALD CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 AM 9:32

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2893 SW 69th COURT	Suite, Apt. #, etc.: 2893 SW 69th COURT
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: USA	Zip: 33155 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 [illegible]-0136960 ☐ 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
TURNWALD, HANS A. 4209 SALZEDO CORAL GABLES, FL 33134	Name: TURNWALD, HANS A. Street Address (P.O. Box Number is Not Acceptable): 2893 SW 69th COURT City: MIAMI FL Zip Code: 33155

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 _____ HANS A. TURNWALD Sept. 13, 2001
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! the FEE IS $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VT TURNWALD, HANS ADOLF 1632 S BAYSHORE CT. #2 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004614357--7 -09/27/01--01086--018 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURNWALD, ANNE LIESE 1632 S BAYSHORE CT. #2 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 9/27
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ HANS A. TURNWALD (786)388-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

September 12, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

My business moved to a new location in 2000, and I did not receive a 2001 Uniform Business Report. Enclosed is the form and my check for $150.00. Please abate any penalties and interest.

Thank you.

Sincerely,

Hans Turnwald, The Turnwald Corporation