FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
07-04-2002 90549 009 ***150.00

DOCUMENT # K57510

1. Entity Name
THE TURNWALD CORPORATION

DO NOT WRITE IN THIS SPACE

B0127092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
TURNWALD CORP.		SAME.	
Suite, Apt. #, etc. 2893 S.W. 69 CT		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33155	Country USA.	Zip	Country

4. FEI Number 650136960 ☐ 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 JOHN W. REAVES CPA. P.A

Street Address (P.O. Box Number is Not Acceptable) ~~9655 SOUTH DIXIE HIGHWAY~~ SUITE 10

City MIAMI FL. FL Zip Code 33156/2813

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] HANS TURNWALD V. PRES. 5.9.2002
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	ANNE TURNWALD PRESIDENT 1632 S. BAYSHORE CT MIAMI 33133 FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HANS TURNWALD VICE PRESIDENT 1632 S. BAYSHORE CT MIAMI 33133 FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: ANNE TURNWALD PRESIDENT [signature] 5.9.02 7863887744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
DH# K57510
B01000092

The Turnwald Collection®

TURNWALD CORPORATION
2893 SW 69TH COURT
MIAMI, FL 33155
TEL: 786-388-7722
FAX: 786-388-7009

DATE: 05.09.2092

TO: Division of Corpations

FROM: ~~Turnwald Corp.~~

NUMBER OF PAGES: _____ INCLUDES COVER SHEET

RE: _____

Ladies & Gentlemans.

~~The anual filing form did not reach us in time.~~

So we phoned -Ibaucom-sent 05.01.2002 this paper we return today

inclouding Check of $150.00.

We are sorry of filing later, but did not receive the form before.

Miami 6.28.02

~~Greetings~~

DEAR MR. TONSR!
JUST BACK FROM 4 WEEKS TRIP -
SORRY AGAIN LATE PLS ACCEPT