

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90227 015 ****50.00

DOCUMENT # L010Q0014178

1. Entity Name

TRANSWORLD DISTRIBUTION & LOGISTICS, LLC

Principal Place of Business

**2070 NW 79 AVE. NO. 205
 MIAMI FL 33122**

Mailing Address

**2070 NW 79 AVE. NO. 205
 MIAMI FL 33122**

2. Principal Place of Business

8115 NW 29 St.

3. Mailing Address

8115 NW 29 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

Country

Zip

Country

FL

USA

33122

4. FEI Number

651131333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRANSEZZE, PABLO
 2070 NW 79 AVE. NO. 205
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **Rafael Fernandez**

Street Address (P.O. Box Number is Not Acceptable)

4143 SW 74 Ct.

Suite C

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

Rafael Fernandez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **FRANSEZZE, PABLO**
 STREET ADDRESS **2070 NW 79 AVE. NO. 205**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
 NAME **Fransesze Pablo**
 STREET ADDRESS **8115 NW 29 St.**
 CITY-ST-ZIP **Miami, FL 33122**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/02

Date

305-629-8684

Daytime Phone #

CR2E083 (9/01)