## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L31648** Apr 27, 2000 8:00 am Secretary of State TRANS WORLD MARKETING ENTERPRISES INC. 04-27-2000 90005 031 \*\*\*158.75 Principal Place of Business Mailing Address 80 SW 8TH STREET **80 SW 8TH STREET** SUITE 1820 SUITE 1020-MIAMI-FE-00100-0047 MIAMI: FL: 03100-HO <del>211</del> 2. Principal Place of Business 3. Mailing Address AOI BRICKELL 1901 BRICKELL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BZOZ Applied For City & State City & State 4. FEI Number 65-0160676 FLORIOS HIPHI FLOR (BA Main Not Applicable Country Country \$8.75 Additional 33129 5. Certificate of Status Desired ゾラム Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPANA, GABRIELE Street Address (P.O. Box Number is Not Acceptable) 80 SW-8TH ST **SUITE 1820** B 202 MIAMI FL-FL 33130 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 GABRIELE CAMBONA A FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPT Change Addition TITLE TITLE ☐ Delete CAMPANA, GABRIELE NAME NAME 1901 BRICKELL AVE, SOITE BZOZ STREET ADDRESS 80 S W 8TH STREET, STE 1020 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE CAMPANA, GABRIELE NAME 1901 BRIOKELL AVE, Some BZOZ STREET ADDRESS STREET ADDRESS 80 S W 8TH STREET, STE 1820-CITY-ST-ZIF MIAMI-FL CITY-ST-ZIP 🕶: " - 🔲 Change -- 🗀 Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-20-00 (305) 577-3711

Daytime Phone #

Change

☐ Addition