

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 050 ***150.00

DOCUMENT # L31648

1. Entity Name TRANS WORLD MARKETING ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

90134928

2. Principal Place of Business
1901 BRICKELL AV.

3. Mailing Address

Suite, Apt. #, etc.
B 202

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33129

Country
USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65016067b

Applied For
☐ No: Applicable

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

7. Name and Address of Current Registered Agent

Name GABRIELE CAMPANA

Street Address (P.O. Box Number is Not Acceptable) 177 OCEAN LN DR #312 V

City Key Biscayne FL Zip Code 33149

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gabrielle Campa

May 1, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>GABRIELE CAMPANA</u> <u>177 Ocean Ln DR # 312</u> <u>Key Biscayne, FL 33149</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

SIGNATURE:

Gabrielle Campa

5.01.03

305.577311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GABRIELE CAMPANA

CR2E034B (12/02)