

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007194

1. Entity Name  
T & W SUBSTANTIAL SUBS III, INC.

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90028 050 \*\*\*150.00

Principal Place of Business Mailing Address  
10190 SW 198TH STREET 10190 SW 198TH STREET  
MIAMI FL 33157 MIAMI FL 33157

5616 NW 167 ST  
MIAMI FL 33014

2. Principal Place of Business 3. Mailing Address  
5616 NW 167 ST Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip  
33014

Country

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981975 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

WILLS, WENDY  
10190 SW 198TH STREET  
MIAMI FL 33157

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Wendy M. Wills

Signature, type 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!!! 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 president  
NAME Wendy M. WILLS  
STREET ADDRESS 10190 SW 198TH  
CITY-STATE-ZIP MIAMI, FL 33157

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CITY-STATE-ZIP

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: Wendy M. Wills  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01  
Date

305  
253-7508  
Daytime Phone #

CR2E034 (10/00)