# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P00000039800

**Entity Name:** T.W.O.B.C., INC.

**Current Principal Place of Business:**

520 N.W. 7TH ST.
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 898
FORT LAUDERDALE, FL 33302

**New Mailing Address:**

**FEI Number: 65-0998875** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIGGIANI, JOHN ESQ.
540 N.E. 4TH ST.
FT. LAUDERDALE, FL 33301

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: CASALE, ROSANNE
Address: 1271 N.W. 95TH AVE.
City-St-Zip: PLANTATION, FL 33322

Title: PD ( ) Delete
Name: RITZER, SHARON
Address: 321 S.W. 15TH ST.
City-St-Zip: DANIA, FL 33004

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPSD (X) Change ( ) Addition
Name: CASALE, ROSANNE
Address: P.O. BOX 898
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: PTD (X) Change ( ) Addition
Name: RITZER, SHARON
Address: P.O. BOX 898
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: D ( ) Change (X) Addition
Name: CASALE, ANTHONY
Address: P.O. BOX 898
City-St-Zip: FORT LAUDERDALE, FL 33302

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANNE CASALE VPSD 04/30/2002

Electronic Signature of Signing Officer or Director — Date