

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90009 045 ***150.00

DOCUMENT # P00000059381

1. Entity Name
PTWAG, INC.

Principal Place of Business
**400 COMMODORE DRIVE, #314
PLANTATION FL 33325**

Mailing Address
**400 COMMODORE DRIVE, #314
PLANTATION FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1014245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, VICKI
400 COMMODORE DRIVE, #314
PLANTATION FL 33325**

7. Name and Address of New Registered Agent

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

Signature, typed 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
NAME **ROSEN, VICKI**
STREET ADDRESS **400 COMMODORE DRIVE, #314**
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/01

954-473-8094

0068421
AV

CR2E034 (5/01)

Attachment

Doc. # 00000059381
BODDERSL

7/18/01

To Whom It May Concern,

On April 23, 2001, I mailed a check for \$150. and the proper corporate papers for PTWAG, Inc. Apparently this check was never received (#1124), as is evident by the stop payment notice enclosed. I am enclosing a new check (#1174), and hope you will accept this, since the original check was lost in the mail.

Your prompt attention and courtesy are appreciated.

Very truly yours,

Vicki Rose

Pres. PTWAG, Inc.

Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

Attachment

Doc. # 00000059381
BOLLETS

Telephone Banking: 1.800.299.2265

Date of Notice: 07/10/01

Account: Business Economy Checking
Account Number: 0037 3006 3246

Stop Payment Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

Stop payment order effective:	07/10/01	Amount:	\$150.00
Check number/range:	0000001124	Stop payment fee:	\$30.00
Payee: DEPARTMENT OF STATE		Date of check:	04/23/01
Reason for stop payment: LOST			

Stop Payment Terms and Conditions.

1. You can withdraw your stop payment order at any time by writing to us at the address listed above. Depending on the nature of your stop payment order, there may be a fee charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
3. Your stop payment order will be effective for at least six months, and may be renewed in writing. If you want to renew the stop payment order, please be sure to write to us before the expiration date. If we don't hear from you regarding extending the stop payment order, we will not be liable for paying the check (item) if it is presented to us after this six-month period.
4. By requesting that we stop payment on the check (item), you agree to indemnify and hold us harmless for any loss, claims, damage or costs, including reasonable attorneys' fees, that we incur as a result of honoring your request. Our liability for paying an item subject to a proper and timely stop payment order is limited to the actual loss suffered.