## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State **DOCUMENT #** P00000094516 1. Entity Name TWA ASSOCIATES CORP. 05-08-2002 90103 034 \*\*\*150.00 Principal Place of Business Mailing Address 2308 N. OCEAN BLVD 2308 N. OCEAN BLVD FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1044874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRA, WALTER H Street Address (P.O. Box Number is Not Acceptable) 2308 N. OCEAN BLVD FT. LAUDERDALE FL 33305 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PSD ☐ Delete TITI F ☐ Addition TERRA, WALTER H NAME NAME 509 NE 26 ST WIHON MANOR, F 2308 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE TERRA, WALTER H NAME NAME 509 NE 26 ST. Wilton MANOR STREET ADDRESS 2308 N. OCEAN BLVD STREET ADDRESS FT. LAUDERDALE FL 33305-CITY-ST-ZIP = CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Daytime Phone #