

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91390 024 ***150.00

DOCUMENT # P00000095660

1. Entity Name
TWEEASER REALTY INC.



Principal Place of Business
**800 EAST CYPRESS CREEK ROAD
SUITE 201
FT. LAUDERDALE FL 33334**

Mailing Address
**800 EAST CYPRESS CREEK ROAD
SUITE 201
FT. LAUDERDALE FL 33334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1053800**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TWEEASER ENTERPRISES INC.
3801 S. OCEAN DR., #15X
HOLLYWOOD FL 33019**

Name
TWEEASER ENT. INC.

Street Address (P.O. Box Number is Not Acceptable)
800 E. CYPRESS CREEK RD. #201

City
FT. LAUDERDALE

FL

Zip Code
33334

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **HINEO, RICHARD**
STREET ADDRESS **3610 LLOYD DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MINO** ☒ Change ☐ Addition
NAME **MINO**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **AUMULLER, URSULA**
STREET ADDRESS **100 N GORDON RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **AUMUELLER** ☒ Change ☐ Addition
NAME **AUMUELLER**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 Block 11 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 #

4/7/03

954-351-9070

CR2E034 (10/02)

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