

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097304

1. Entity Name
TWINS VENTURES, INC.

FILED

02 MAY -3 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 546995
SURFSIDE FL 33154-0995

Mailing Address
P.O. BOX 546995
SURFSIDE FL 33154-0995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
6542 COLLINS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI BEACH

4. FEI Number

Applied For
Not Applicable

Zip Country

Zip Country
33141 FLORIDA

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

BIANCHI, MARIANO M
C/O AVELINO J. GONZALEZ, ESQ.
6780 CORAL WAY
MIAMI FL 33155

Name
BIANCHI MARIANO

Street Address (P.O. Box Number is Not Acceptable)

6542 COLLINS DR.

City MIAMI BEACH FL Zip Code 33141

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 \$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 | D | <input type="checkbox"/> Delete |
| NAME | BIANCHI, MARIANO M | |
| STREET ADDRESS | P.O. BOX 546995 | |
| CITY-ST-ZIP | SURFSIDE FL 33154-0995 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZAPPALA, ALFREDO A | |
| STREET ADDRESS | P.O. BOX 546995 | |
| CITY-ST-ZIP | SURFSIDE FL 33154-0995 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |

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***150.00 ***150.00

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 reports 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 of 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/25/02
4/25/02

305-866-856
Daytime Phone #