

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011017

1. Entity Name  
TWIN TEE PROPERTIES, INC.Principal Place of Business  
14401 LAKE CHILDS CT  
MIAMI LAKES FL 33014

Mailing Address

14401 LAKE CHILDS CT  
MIAMI LAKES FL 330142. Principal Place of Business  
2382 W. 77 ST. 3. Mailing Address  
1025 SAN PEDRO AVE  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HIALEAH, FL.City & State  
CORAL GABLES, FL

Zip 33016 Country U.S.A.

Zip 33156 Country USA

4. FEI Number

651074912

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

OSMAN, L. MICHAEL ESQ  
1474-A WEST 84 STREET  
HIALEAH FL 33014

Name

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

FL Zip Code

## 7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

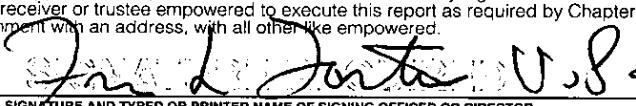
## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE DP  Delete  
NAME VERGA, JOSEPH  
STREET ADDRESS 14401 LAKE CHILDS CT  
CITY-ST-ZIP MIAMI LAKES FL 33014TITLE DP  Change  Addition  
NAME VERGA, JOSEPH  
STREET ADDRESS 2210 BUTTONWOOD AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33026TITLE DS  Delete  
NAME WILK, EDWARD DONALD  
STREET ADDRESS 10940 SW 115 ST  
CITY-ST-ZIP MIAMI FL 33176TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DV  Delete  
NAME FORTUNE, FRANCIS L  
STREET ADDRESS 1025 SAN PEDRO AVE  
CITY-ST-ZIP CORAL GABLES FL 33156TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D  Delete  
NAME VERGA, MICHAEL J  
STREET ADDRESS 9511 NW 93 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33024TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 26, 2002 8:00 am  
Secretary of State

03-26-2002 90007 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE