

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90171 034 ***150.00

DOCUMENT # P01000016982

1. Entity Name
TWINS MOTOSPORTS PARTS & ACCESSORIES, INC.

Principal Place of Business
15805 MIAMI LAKES WAY NORTH APT 138D
MIAMI LAKES FL 33014

Mailing Address
15805 MIAMI LAKES WAY NORTH APT 138D
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
750 NW 12 Ave

Suite, Apt. #, etc.

Bay 1

City & State
MIAMI FL

Zip
33126

Country
USA

3. Mailing Address
750 NW 12 Ave

Suite, Apt. #, etc.

Bay 1

City & State
MIAMI FL

Zip
33126

Country
USA

4. FEI Number
65-107-9250

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ARACELY D.C.
LEVINE & PARTNERS, P.A.
1110 BRICKELL AVENUE 7TH FLOOR
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

☒ 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MENDOZA, WINSTON K	
STREET ADDRESS	15805 MIAMI LAKES WAY NORTH APT 138D	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MENDOZA, RENEE	
STREET ADDRESS	15805 MIAMI LAKES WAY NORTH APT 138D	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Winston K. Mendoza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 305-264-9974

CR2E034 (9/01)