

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-14-2002 90014 049 ***150.00

DOCUMENT # P01000024646

1. Entity Name
TWINS OF SOUTH FLORIDA, INC.

Principal Place of Business

16323 SW 15 STREET
PEMBROKE PINES FL 33027

Mailing Address

16323 SW 15 STREET
PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1126509

Applied For

Not Applicable

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

GOMEZ, ELIAS

16323 SW 15 STREET

PEMBROKE PINES FL 33027

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PSD ☐ Delete
NAME GOMEZ, ELIAS
STREET ADDRESS 16323 SW 15 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME ELIAS GOMEZ
STREET ADDRESS 16323 SW 15 ST PEMBROKE PINES FL
CITY-ST-ZIP 33027

TITLE VTD ☐ Delete
NAME FERNANDEZ, TERESA
STREET ADDRESS 16323 SW 15 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition
NAME TERESA Fernandez
STREET ADDRESS 16323 S.W. 15 St pembroke pines
CITY-ST-ZIP FL 33027

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 changes approved.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc# PO1000024646

38567

7/2/02

From: ELIAS GÓMEZ

TO: DEPARTMENT OF STATE
OF FLA.

I NEVER RECEIVED SECOND LETTER
FROM US. I MAKE PAYMENT FOR \$150.00
ON APRIL 26 2002, CHECK # 1087.

IS THE FIRST TIME I SEE THE
FORM. ALL IN MY CORPORATION IS
SENT. I'M SORRY FOR THE INCONVI-
NENIENCE TO FILL UP THE DOCUMENT

ATT Elias Gómez PSD
From: TWINS OF SOUTH FL INC

Phone (954) 649-5325

IF ~~you~~ I HAVE SOMETHING WRONG PLEASE
HELP ME IN ALL CASES.

THANKS