

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90185 033 ***150.00

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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
16323 SW 15 ST

3. Mailing Address
16323 SW 15 ST

Suite, Apt. #, etc.
None

Suite, Apt. #, etc.
None

City & State
Pembroke pines FL

City & State
Pembroke pines FL

Zip
33027

Country
BROWARD

Zip
33027

Country
BROWARD

☐ CHECK HERE IF MAKING CHANGES

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

**GOMEZ, ELIAS
16323-SW-15-STREET
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

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

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

TITLE **PSD** ☐ Delete
NAME **GOMEZ, ELIAS**
STREET ADDRESS **16323 SW 15 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VTD TERESA FERNANDEZ** ☐ Change ☐ Addition
NAME
STREET ADDRESS **16323 SW 15 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Change ☐ Addition
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NAME
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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, which shall be duly empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)