

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073505

1. Entity Name
TALWIN GLOBAL LOGISTICS, INC.



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90262 022 ***158.75

0284219 AV

Principal Place of Business
8140 NW 74TH AVENUE
SUITE 21
MEDLEY, FL 33166

Mailing Address
8140 NW 74TH AVENUE
SUITE 21
MEDLEY, FL 33166

11013129



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 03-0397040

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRVES, ORESTES G
8140 NW 74TH AVENUE
SUITE 21
MEDLEY FL 33166

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARGUELLO, RUBEN D	
STREET ADDRESS	8140 NW 74TH AVENUE SUITE 21	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TABERNA, GABRIEL	
STREET ADDRESS	8140 NW 74TH AVENUE SUITE 21	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	WRVES, ORESTES G	
STREET ADDRESS	8140 NW 74TH AVENUE SUITE 21	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LUCANTO, RENATO	
STREET ADDRESS	8140 NW 74TH AVENUE SUITE 21	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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, with all other like empowered.

SIGNATURE:

ORESTES G WRVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

305 887335
Daytime Phone #

CR2E034 (10/02)