

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90068 037 ***150.00

DOCUMENT # P02000009097

1. Entity Name
TRANSWORLD REFERRAL SERVICES, INC.



Principal Place of Business
**8465 WEST COMMERCIAL BLVD.
TAMARAC FL 33351**

Mailing Address
**8465 WEST COMMERCIAL BLVD.
TAMARAC FL 33351**



2. Principal Place of Business
8449 W. Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address
8449 W. Commercial Blvd
Suite, Apt. #, etc.

City & State
Tamarac, FL

City & State
Tamarac, FL

4. FEI Number **03-0408698**

Applied For
Not Applicable

Zip **33351** Country **USA**

Zip **33351** Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SICKLES, BARRY M ESQ.
3300 UNIVERSITY DRIVE SUITE #210
CORAL SPRINGS FL 33065**

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. 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

TITLE **PD** ☐ Delete
NAME **TARAS, LEW**
STREET ADDRESS **8465 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 **PD** ☒ Change ☐ Addition
NAME **Taras, Lew**
STREET ADDRESS **8449 W. Commercial Blvd**
CITY-ST-ZIP **Tamarac, FL 33351**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 **9547182121**
Date Daytime Phone #

CR2E034 (10/02)