

2006

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 048 ***150.00

DOCUMENT # P05000119754
1. Entity Name
TWA Lending & Mortgage Services Corp.

DO NOT WRITE IN THIS SPACE

20006977

2. Principal Place of Business	3. Mailing Address
20401 N.W. 2nd Ave.	20401 N.W. 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 102	Suite 101
City & State	City & State
Miami Gardens, FL	Miami Gardens, FL
Zip	Zip
Country	Country
33169-2542 USA	33169-2542 USA

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4. FEI Number	Applied For
20-3382860	<input type="checkbox"/> Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Cruz-Fontanez, Luz M.
Street Address (P.O. Box Number is Not Acceptable)
4100 S.W. 30th St.

City Hollywood **FL** **Zip Code** 33023

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$61.25
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	D/P/S/T
NAME	Cruz-Fontanez, Luz M.
STREET ADDRESS	4100 S.W. 30th St.
CITY - ST - ZIP	Hollywood, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:


Luz M. Cruz-Fontanez

305-493-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #