## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 27, 2002 8:00 am DOCUMENT # P93000017113 Secretary of State 1. Entity Name 02-27-2002 90040 008 \*\*\*150 00 TWIN - TECH, INC. Principal Place of Business Mailing Address 1441 SW 30TH AVE STE 8 1441 SW 30TH STE #8 POMPANO BEACH FL 33069 POMPANO BCH, FL 33069 US HS 2. Principal Place of Business 3. Mailing Address 3395 5W 74 MAUE 3395 Sw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # A3 4. FEI Number Applied For City & State City & State 65-0399703 OCALA OCALA Ploeida Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 34474 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JoHn J PATAK, JOHN J Street Address (P.O. Box Number is Not Acceptable) 10700 NW 14TH ST #151 PLANTATION FL 33322 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. John J SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Ta:-filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete ☐ Addition MATAK, JOHN J NAME Patak, John J NAME 10424 SW 65 TCRE STREET ADDRESS 10700 NW 14TH ST #151 STREET ADDRESS ocala, FL. 34476 CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Addition ☐ Delete TIT) F TITLE NAME Patrak, Susan J NAME PATAK, SUSAN 10424 SW 65 TORR. STREET ADDRESS STREET ADDRESS 10700 NW 14TH ST #151 CITY-ST-ZIP CITY-ST-ZIP PLANTATIN FL OCALA, FL, 34476 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)