**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # P95000001689 1. Entity Name 02-28-2002 90063 007 \*\*\*155.00 TRANS-WORLD TRADING GROUP, INC. Principal Place of Business Mailing Address 4648 AW 74 AVE. 4648 AW 74 AVE. MIAMI FL 33155 MIAMI FL 33155 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0548689 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAHDALA, SINECIO B Street Address (P.O. Box Number is Not Acceptable) 13830 S.W. 109TH STREET **MIAM! FL 33186** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Tax 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 12 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME SAHDALA, SINECIO B STREET ADDRESS STREET ADDRESS 13830 S.W. 109TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ■ Addition ☐ Delete TITLE TITLE NAME NAME SAHDALA, IMMACULADA STREET ADDRESS STREET ADDRESS 13830 S.W. 109TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

HOBOLOPEQUIISTNECTO B. SAHDALA SIGNATURE:

changed, or on an attachment with an address, with all other like empowered