

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013911

1. Entity Name

TRANSWORLD AUTO CORP.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90021 038 \*\*\*158.75

Principal Place of Business

Mailing Address

4165 NW 132RD ST  
BAY 14  
MIAMI FL 33054

1612 VERACRUZ LANE  
WESTON FL 33327-1733  
US

2. Principal Place of Business

2805 N State Rd 7

3. Mailing Address

2805 N State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hollywood, Florida

City & State  
Hollywood, Florida

4. FEI Number

65-0750397

Applied For

Not Applicable

Zip  
33021

Country

USA

Zip  
33021

Country

USA

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDSTATE LEGAL SUPPLY CORP.  
4435 OLD WINTER GARDEN RD.  
ORLANDO FL 32811

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VESTRCHCIM, JON M  
1612 VERACRUZ LANE  
WESTON FL 33327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Vestrhein, Jon T.  
1612 Veracruz Lane  
Weston, FL 33327 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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☐ 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 all other like empowered.

SIGNATURE:

*Jon Vestrhein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Vestrhein, Director

4/12/00

954-989-6707

Date

Daytime Phone #

CR2E034 (9/99)