FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90885 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034033

1. Entity Name

TWIN EAGLE U.S.A. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 14601 SW 272 ST	Suite, Apt. #, etc.: 10
City & State: MIAMI FL.	City & State: MIAMI FL.
Zip: 33032 Country: USA	Zip: 33155 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BAUER JOHN

Street Address (P.O. Box Number is Not Acceptable): 14601 S.W. 272 ST

City: MIAMI FL Zip Code: 33032

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE PM NAME SCHMIDT, DAVID STREET ADDRESS 14601 S.W. 272 ST CITY-ST-ZIP MIAMI FL. 33032	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VS NAME AKPINARLI, RIDEM STREET ADDRESS 9764 SW 24th ST CITY-ST-ZIP MIAMI FL. 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST NAME BAUER JOHN J, STREET ADDRESS 14601 SW 272 ST CITY-ST-ZIP MIAMI FL. 33032	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____