

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034033

1. Entity Name  
TWIN EAGLE U.S.A., INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 28 PM 1:49

Principal Place of Business  
14601 S.W. 272ND ST.  
MIAMI, FL 33032

Mailing Address  
2240 S.W. 67 AVE  
10  
MIAMI, FL 33155

2. Principal Place of Business  
12981 S.W. 137 AVE.

3. Mailing Address  
12981 S.W. 137 AVE.



Suite, Apt. #, etc.  
383

Suite, Apt. #, etc.

383

☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
65-0762972

Applied For  
Not Applicable

Zip  
33186

Country  
USA

Zip  
33186

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

BAUER, JOHN  
14601 S.W. 272ND ST.  
MIAMI, FL 33032

Name  
John BAUER

Street Address (P.O. Box Number is Not Acceptable)

12981 S.W. 137 AVE SUITE 383

City MIAMI FL 33186 FL Zip Code 33186

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

April 28, 2003

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PM  
NAME SCHMIDT, D.  
STREET ADDRESS 14601 S.W. 272ND ST.  
CITY-ST-ZIP MIAMI, FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100017211241  
04/28/03--01108--001 \*\*317.50

TITLE VS  
NAME AKPINARLI, DIDEM  
STREET ADDRESS 9764 SW 24TH ST  
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME BAUER, JOHN V  
STREET ADDRESS 14601 S.W. 272ND ST 12981 S.W. 137 AVE. 383  
CITY-ST-ZIP MIAMI, FL 33032 MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003

Date

Daytime Phone #

CH2E034 (10/02)

11/28/03