

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 797000025760

1. Entity Name

T & W - SONS INC

DO NOT WRITE IN THIS SPACE

800005574768--9

-05/20/02--01063--004

****308.75 ****308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5650 Long Island Dr

3. Mailing Address

5650 Long Island Dr

Suite, Apt. #, etc.

Suite 812

Suite, Apt. #, etc.

Suite 812

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32839

Country

U.S.A

Zip

32839

Country

U.S.A

4. FEI Number

59-3445085

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Alberto J. Tse

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

5650 Long Island Dr

City

Orlando

FL

Zip Code

32839

**DO NOT WRITE
IN THIS SPACE**

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

Alberto Tse

4/16/02

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)

☐

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

Foreign Financing Contribution

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TSE, YOLANDA
5650 Long Iron Dr. Apt. 812
Orlando, FL 32839

MASON, LIBIA
5650 Long Iron Dr. Apt. 812
Orlando, FL 32839

TSE, TIN-SUNG
5650 Long Iron Dr. Apt. 812
Orlando, FL 32839

TSE, Alberto J.
5650 Long Iron Dr. Apt. 812
Orlando, FL 32839

MASON, Andrew
5650 Long Iron Dr. Apt. 812
Orlando, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Admin
Dis

**DO NOT WRITE
IN THIS SPACE**

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: x

Alberto Tse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02

Date

407-248-8971

Daytime Phone #