## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 25, 2000 8:00 am Secretary of State DOCUMENT # P97000026622 TWT - TWO WAY TRADE, INC. 03-25-2000 90005 029 \*\*\*150.00 Mailing Address Principal Place of Business 1882 KAROLINA AVENUE 1882 KAROLINA AVENUE WINTER PARK FL 32789-6232 WINTER PARK FL 32789-3516 2. Principal Place of Business 3. Mailing Address 2060 SOINT GEORGE BUYE 2060 SOLNT GEORGE DIE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 22-3154549 WINTER PARK, FL WINTERPORK, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired ΩZΰ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINS, SILVIO MARTINS, SILVIO Street Address (P.O. Box Number is Not Acceptable) 1882 KAROLINA AVENUE WINTER PARK FL 32789-3516 2060 SAINT GEORGE AVE. City WINTER PARK\_\_\_\_ 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 DATE (NOTE: Registered Agent signature required when reinstating) FILÉ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS Change Addition TITLE Delete TITLE MARTINS, SILVIO 2060 SAINT GEORGE AVE WINTER PARK, FL 32789-6232 MARTINS, SILVIO NAME NAME STREET ADDRESS STREET ADDRESS 1882 KAROLINA AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789-3516 Change ☐ Addition **VS** ☐ Delete TITLE TITLE MARTINS, SERGIO 2060 SPINT GEORGE PUR MARTINS, SERGIO NAME NAME STREET ADDRESS STREET ADDRESS 1882 KAROLINA AVENUE CITY-ST-ZIP WINTER PAUX, FZ 32789-6232 CITY-ST-ZIE WINTER PARK FL 32789-3516 ☐1 Change -Addition -- Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE

13. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

PHENE ESTAVIOLMORTINS SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR