

# 2001 UNIFORM BUSINESS\$ REPORT (UBR)

DOCUMENT # P97000026622

1. Entity Name

TWT - TWO WAY TRADE, INC.

Principal Place of Business

2060 SAINT GEORGE AVE.  
WINTER PARK FL 32789

Mailing Address

2060 SAINT GEORGE AVE.  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3154549

Applied For

Not Applicable

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

MARTINS, SILVIO  
2060 SAINT GEORGE AVE.  
WINTER PARK FL 32789-3516

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, 2001 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 ☐ Delete  
PT  
MARTINS, SILVIO  
STREET ADDRESS 1882 KAROLINA AVE  
CITY-ST-ZIP WINTER PARK FL 32789-3516

TITLE NAME ☒ Change ☐ Addition  
2060 SAINT GEORGE AVE  
STREET ADDRESS WINTER PARK, FL 32789-6232  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
VS  
MARTINS, SERGIO  
STREET ADDRESS 1882 KAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789-3516

TITLE NAME ☒ Change ☐ Addition  
2060 SAINT GEORGE AVE.  
STREET ADDRESS WINTER PARK, FL 32789-6232  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SILVIO MARTINS / SILVIO MARTINS

03/01/01 (407)8308298

Date

Daytime Phone #

0056527

CR2E034 (10/00)

FILED  
Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90316 002 \*\*\*150.00

00024900



DO NOT WRITE IN THIS SPACE