

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053394

1. Entity Name

TWIN CONSTRUCTION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90117 034 \*\*\*158.75

Principal Place of Business

Mailing Address

890 N.W. 45TH AVENUE  
#22  
MIAMI FL 33126

890 N.W. 45TH AVENUE  
#22  
MIAMI FL 33126-2419

2. Principal Place of Business

3. Mailing Address

890 NW 45 Ave

890 NW 45 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 22

Apt 22

City & State

City & State

MIAMI FL

MIAMI

Zip

Country

Zip

Country

33126

Dade

FL

Dade

4. FEI Number

65-0761256

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

DIAZ, EDWIN D  
890 N.W. 45TH AVE.  
#22  
MIAMI FL 33126

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, 2000 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 P  
NAME DIAZ, EDWIN D  
STREET ADDRESS 890 N.W. 45TH AVENUE, #22  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE V  
NAME MATAMOROS, JULIO  
STREET ADDRESS 890 NW 45 AVE., #22  
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE JULIANA ARUCAS  
NAME  
STREET ADDRESS 890 NW 45 Ave #22  
CITY-ST-ZIP Miami FL 33126 ☐ 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

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:

*Edwin Diaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 (205) 476-8224  
Date Daytime Phone #

CR2E034 (9/99)