

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053394

1. Entity Name

TWIN CONSTRUCTION, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90259 044 ***158.75

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

890 NW 45 Ave #22

Suite, Apt. #, etc.

Miami FL

City & State

33126

Zip

Country

USA

3. Mailing Address

890 NW 45 Ave

Suite, Apt. #, etc.

22

City & State

Miami FL

Zip

33126

Country

USA

00042257



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

DIAZ, Edwin D

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

890 NW 45 Ave #22

City

Miami

FL

Zip Code

33126

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

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

TITLE V ☐ Delete
NAME ARUCAS, JULIAN A
STREET ADDRESS 890 NW 45 AVE #22
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: >

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

4-21-01

Date

(305) 476-8224
Daytime Phone #

CR2E034 (10/00)