

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054936

1. Entity Name

TWIN PEAK MANAGEMENT, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90062 036 \*\*\*150.00

Principal Place of Business

2542 TAYLOR ST /FRONT  
HOLLYWOOD FL 33020  
US

Mailing Address

2542 TAYLOR ST /FRONT  
HOLLYWOOD FL 33020-4322  
US

2. Principal Place of Business

2607 McKinley St  
Suite, Apt. #, etc.

3. Mailing Address

2607 McKinley St  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0764452

Applied For

Not Applicable

Zip 33020

Country USA

Zip 33020

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHLEIN, ALISON  
2542 TAYLOR ST /FRONT  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name Alison Ingram  
Street Address (P.O. Box Number is Not Acceptable)  
2607 McKinley St  
City Hollywood FL Zip Code 33020

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 Alison Ingram Alison Ingram - President 4/24/00  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHLEIN, ALISON	
STREET ADDRESS	2542 TAYLOR ST-FRONT	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alison Ingram	
STREET ADDRESS	2607 McKinley St	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alison Ingram Alison Ingram 4/24/00 305 762 1333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)