2000 ÜNIFORM BUSINESS REPORT (UBR) 297000100256 DOCUMENT # FILEU GECRETARY OF STATE NATION OF CORPORATIONS Twilight Entoprises, Inc. 00 JUN -6 AM 9:39 Principal Place of Business Mailing Address 203 EH basic Re 205 E Atlantic Ac Delray Beach, PL 33444 Dolray Beach A 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent " 7.-Name and Address of New Registered Agent . Michoel Geneman Street Address (P.O. Box Number is Not Acceptable) 205 EAHONTIC AC Delay Beach 1FL 33444 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. TITLE ☐ Addition Delete michael Geneman NAME NAME 2005 Myantic the STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delray Beach, Pr TITLE Delete TITLE Change Addition Christina Betteo Tray Padalmo NAME NAME 205 EAHantic RC 265 EAHIMATO AC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delray Beach, PL 33444 Delete □ Change TITLE □ Addition T(T) F NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE 200003297 **P4®**-B/440 -06/20/00--01049--018 NAME NAME STREET ADDRESS STREET ADDRESS ****300.00 ****300.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BETTER 5-31-00 (561) 272-4390

changed, or on an attachment with

DO NOT REMOVE!



Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Date: April 24, 2000

Dear Sirs:

Attached is a copy of the annual corporate report for our corporation Twilight Enterprises, Inc. We sent this report with our payment last October after discussing with your office that we never received the original and this copy was sent to us late. We did not receive any reply or correspondence and felt the situation had been resolved.

We are in the process of negotiating our lease renewal and our landlord told us that our corporation was not active. Upon review of our records we realized that we did not receive the report for this year, 2000. When we called the Division of Corporations and stated that we would not be able to mail the 2000 report, we were instructed to write this letter.

We are sending payment of \$300.00, \$150 for 1999 and \$150 for 2000. Please respond ASAP as to the necessary steps that need to be taken.

Sincerely

Christina Betters

TWILIGHT ENTERPRISES, INC.