

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0371055 AV

**DOCUMENT # P97000103564**

1. Entity Name  
**TWG ENTERPRISES, INC.**

03-29-2002 90200 033 \*\*\*150.00

Principal Place of Business  
**2960 NW BOCA RATON BLVD**  
**BAY 4**  
**BOCA RATON FL 33431**

Mailing Address  
**2960 NW BOCA RATON BLVD**  
**BAY 4**  
**BOCA RATON FL 33431**



2. Principal Place of Business

**6401 East Rogers Cir.**

Suite, Apt. #, etc.

**Suite 6**

City & State

**Boca Raton, FL.**

Zip  
**33487**

Country

**Palm Beach**

3. Mailing Address

**6401 East Rogers Cir.**

Suite, Apt. #, etc.

**Suite 6**

City & State

**Boca Raton, FL.**

Zip  
**33487**

Country

**Palm Beach**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0800889**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GALLO, TODD**

**2960 NW BOCA RATON BLVD**

**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**Todd W. Gallo**

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

**6401 East Rogers Circle Ste. 6**

City

**Boca Raton**

**FL**

Zip Code

**33487**

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]*

Signature, typed or printed name of registered agent and title if applicable.

**Todd W. Gallo**

(NOTE: Registered Agent signature required when reinstating)

**3/12/02**

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, 2002 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	DPTS	<input type="checkbox"/> Delete
NAME	GALLO, TODD	
STREET ADDRESS	2960 NW BOCA RATON BLVD BAY 4	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOFFMAN, PAUL	
STREET ADDRESS	2960 NW BOCA RATON BLVD BAY 4	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLO, GARMINE	
STREET ADDRESS	2960 NW BOCA RATON BLVD BAY 4	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd W. Gallo	
STREET ADDRESS	6401 East Rogers Cir. Ste 6	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Hoffman	
STREET ADDRESS	6401 East Rogers Cir. Ste 6	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garmine Gallo	
STREET ADDRESS	6401 East Rogers Cir. Ste 6	
CITY-ST-ZIP	Boca Raton, FL 33487	
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Todd W. Gallo**

DATE

**3/12/02**

Daytime Phone #

CR2E034 (9/01)