

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039046

1. Entity Name

TWIN APARTMENTS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90451 050 \*\*\*158.75

Principal Place of Business  
2307 DOUGLAS ROAD #401  
MIAMI FL 33145

Mailing Address  
4225 WEST 16 AVE  
HIALEAH FL 33012-7631

2. Principal Place of Business  
4225 W. 16 Avenue

3. Mailing Address  
Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.

City & State  
Hialeah, Florida

City & State

Zip  
33012

Country  
USA

Zip

Country

4. FEI Number  
65-0833957

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ALVAREZ, SANTIAGO  
4225 WEST 16 AVE  
HIALEAH FL 33012

## 7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
ALVAREZ, SANTIAGO J JR  
4225 WEST 16 AVE  
HIALEAH FL 33012

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
GARCIA, VIVIAN P  
4225 WEST 16 AVE  
HIALEAH FL 33012

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

305 821-3241

Daytime Phone #

CR2E034 19/99