

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90370 013 \*\*\*150.00

DOCUMENT # P98000066689  
 1. Entity Name  
**TRANSWORLD TRADE & INVESTMENT CORPORATION**

Principal Place of Business  
**2319 N STATE RD 7**  
**HOLLYWOOD FL 33021**  
**US**

Mailing Address  
**C/O CAROLY PEDERSEN**  
**PMB 147, 2611 N. MIATUS RD.**  
**COOPER CITY FL 33028 US**

2. Principal Place of Business  
**1225 NE 162 STREET**

3. Mailing Address  
**1225 NE 162 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**N. MIAMI BEACH FL**

City & State  
**N. MIAMI BEACH FL**

4. FEI Number  
**65-0856157**

Applied For  
 Not Applicable

Zip  
**33162**

Country  
**USA**

Zip  
**33162**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**PEDERSEN, CAROLY ESQ.**  
**3111 STirling ROAD**  
**FORT LAUDERDALE FL 33312**

## 7. Name and Address of New Registered Agent

Name **C. TONY MOK, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1225 NE 162 STREET**  
 City **N. MIAMI BEACH FL** Zip Code **33162**

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 **C. TONY MOK** **X C. TONY MOK, CPA** **1/30/2001**  
 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 **D** ☐ Delete  
 NAME **WU, BO**  
 STREET ADDRESS **1225 NE 162 STREET**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete  
 NAME **MENG, YUCHUN**  
 STREET ADDRESS **1225 NE 162 STREET**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

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  
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 STREET ADDRESS  
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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: **YUCHUN MENG** **DIRECTOR** **JAN 24, 2001** **(305) 354 7171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)