## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 980000 73740 TRICED TWIN BROTHERS, CORP THE LULETARY OF STATE TRISION OF CORPORATION 00 SEP 29 AM 8: 36 Principal Place of Business Mailing Address 2. Principal Place of Business 12320 SW 39th Terr. City & State City & State \$8.75 Additional 5. Certificate of Status Desireo 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, ALFREDO 12320 SW 39Th TERR. Street Address (P.O. Box Number is Not Acceptable) MIANI, Fla 33175 Zip Code 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, typed or printed harre of registered agent and title it applicable (NOTE Pagistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. AD. TITLE Delete Change Addition GONZALEZ ALFREDO 12320 SW 39Th Tim MIAMI FLR 33175 NAME PLL: ADDRESS STREET ADDRESS ST-719 CITY-ST-ZIP VICE PRESIDENT SECRETARY Change Addition ☐ Delete DALIA VEGA DALIA VEGA NAME 12320 SW 39Th Ten 12370 SW 39-Th Ten STREET ADDRESS MIMMI Fle 33/15 Fl 33/75 ST-ZIP CITY-ST-7IP MIAMI VICE PRESIDENT Delete HUE JOSE A. VEGA HAIAE 5807 West 18th CT HEET ADDRESS STREET ADDRESS :-51-ZP CITY-ST-ZiP C Delate 🖂 Addition 1.7(5 ٠Ξ 141JE · LLI ADDRESS STREE! ADDRESS .- GT-ZIP JITY-ST-ZIP actibbe 🔯 ☐ Calere Change 100 MARKE : TEADERFES STREET ADDRESS 0174-01-09 4 ST 7IP Delete TITLE Addition HAME \_\_: ADDREES STREET ADDRESS CITY-ST-ZIP hereovicertify that the information supplied with this filing does not guidlify 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 scot 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 of the receiver of trustee at powered the 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 PRESIDENT 9/31/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 23, 2000

State of Florida Division of Corporations

Subject: The Twin Brothers, Inc. Doc Nbr P98000073740

This letter is to explain why my annual report fee for the year 2000 was not received in your office on time prior to May 1, 2000

The address you had on file for us was different from what it is now My previous address was: 590 E 6<sup>th</sup> Street, Hialeah, Fla. 33012

My current address and the one that is shown as active on my annual report is: 12320 sw 39<sup>th</sup> Terrace, Miami, Fla. 33175

We did not receive the annual report form and therefore we were unable to comply with your requirement to file by May 1, 2000.

Please understand my situation and abate the late filing penalty as this was not intentionally withheld.

Sincerely