

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000020675. ✓

1. Entity Name

TWIN OAKS APARTMENTS, INC.

FILED

01 JUL 25 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10800 SW 27 COURT  
DAVIE, FL. 33328

Mailing Address

10800 SW 27 COURT  
DAVIE, FL. 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASILE DAMSE  
10800 SW, 27 COURT  
DAVIE, FL. 33328

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME VASILE DAMSE  
STREET ADDRESS 10800 SW 27 CT.  
CITY-ST-ZIP DAVIE, FL. 33328

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ARIANA DAMSE  
STREET ADDRESS 10800 SW 27 CT  
CITY-ST-ZIP DAVIE, FL. 33328

TITLE ☐ Change ☐ Addition  
NAME 800004527518-9  
STREET ADDRESS -08/09/01-01075-011  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800004527518-9  
STREET ADDRESS -08/09/01-01075-012  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Vasile Damse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.01

Date

Daytime Phone #

CR2E034 (11/00)

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TWIN OAKS APARTMENTS, INC.  
10800 SW 27 CT.  
DAVIE, FL. 33328

JULY 8, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

Ref. # P99000020675

We have received your letter being very concerned about your decision. We did not failure to file 2000 corporate annual report / uniform business report, but we did not receive any forms and we did not know that we must to file this document, being for first time and first year in business.

Please, review this matter, will be greatly appreciated, if you would like to waive the reinstatement fee.

Enclosed, please find a check totaling \$ 300.00 the fee for the years 2000 and 2001.

Thank you for your cooperation and help.

VASILE DAMSE

OWNER

Vasile Damse