

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065286

1. Entity Name

TWI LIGHTS, INTERNATIONAL, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90145 030 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 330460
MIAMI FL 33233

P.O. BOX 330460
MIAMI FL 33233-0460

2. Principal Place of Business

3. Mailing Address

3665 Park Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coconut Grove FL

Zip

Country

Zip

Country

33133

4. FEI Number

65-0931312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYERS, ROBERTA
13555 SW 101 LANE
MIAMI FL 33186

Name

JANE ISSA

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

3665 Park Lane

City

Coconut Grove

FL

Zip Code

33133

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

4/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ISSA, JANE
STREET ADDRESS 3665 PARK LANE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE D
NAME MEYERS, ROBERTA
STREET ADDRESS 13555 S.W. 101 LANE
CITY-ST-ZIP MIAMI FL 33186

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TITLE
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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

Date

Daytime Phone #

4/12/00 3056656839

CR2E034 (9/99)