

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065286

1. Entity Name

TWI LIGHTS, INTERNATIONAL, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90104 009 ***150.00

0157083

| | |
|--|---|
| Principal Place of Business P.O. BOX 330460 MIAMI FL 33233 | Mailing Address 3665 PARK LANE COCONUT CREEK FL 33133 |
|--|---|

727192



DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------------|
| 2. Principal Place of Business 3665 Park Lane | 3. Mailing Address PO Box 330460 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------------------|--------------------------|-----------------------------|-------------------------------|
| City & State Miami FL | City & State Miami FL | 4. FEI Number 65-0931312 | Applied For Not Applicable |
| Zip 33133 | Country USA | Zip 33233 | Country USA |

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

6. Name and Address of Current Registered Agent

ISSA, JANE
3665 PARK LANE
COCONUT GROVE FL 33133

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | D ISSA, JANE 3665 PARK LANE MIAMI FL 33133 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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

3/2/01

Date

305 665 6839

Daytime Phone #

CR2E034 (10/00)