

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90025 033 \*\*\*150.00

DOCUMENT # P99000098047  
 i. Entity Name  
**TWEY CORPORATION**



Principal Place of Business Mailing Address  
 1730 N.E. 10TH AVENUE 14730 N.E. 10TH AVENUE  
 MIAMI FL 33161 N. MIAMI FL 33161-2454

00086818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 13935 NW 1st AVE PEREZ BEHAR & ASSOC., P.A.  
 Suite, Apt. #, etc. 13935 NW 1st AVENUE  
 City & State MIAMI, FLORIDA 33168

4. FEI Number 65-0958409 Applied For Not Applicable

City & State Miami FL  
 Zip 33168 Country DADE, USA Zip 33168 Country

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

6. Name and Address of Current Registered Agent  
 PEREZ, BEHAR & ASSOCIATES, PA  
 14730 N.E. 10TH AVENUE  
 N. MIAMI FL 33161

7. Name and Address of New Registered Agent  
 Name PEREZ BEHAR & ASSOC., P.A.  
 Street Address 13935 NW 1st AVENUE  
 MIAMI, FLORIDA 33168  
 City 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 *Ramon Perez* RAMON PEREZ PRESIDENT 4/4/00  
 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)

11. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
TITLE: <b>VICE-PRESIDENT</b> NAME: <b>ESPORA, TOMAS</b> STREET ADDRESS: <b>CALLE 36 3357</b> CITY-ST-ZIP: <b>CIUDAD DE LA PLATA, ARGENTINA</b> <input type="checkbox"/> Delete	TITLE: <b>DIRECTOR</b> NAME: <b>ALVAREZ, FERNANDO A</b> STREET ADDRESS: <b>CALLE 36 3357</b> CITY-ST-ZIP: <b>CIUDAD DE LA PLATA, ARGENTINA</b> <input type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>CANEDO, MIGUEL</b> STREET ADDRESS: <b>SUIPACHA #963, FLOOR 8TH SUITE 66</b> CITY-ST-ZIP: <b>BUENOS AIRES, ARGENTINA</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>GARCIA, OMAR A</b> STREET ADDRESS: <b>SUIPACHA #963, FLOOR 8TH SUITE 66</b> CITY-ST-ZIP: <b>BUENOS AIRES, ARGENTINA</b> <input checked="" type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>RAMON PEREZ - SECRETARY</b> STREET ADDRESS: <b>13935 NW 1ST AVE</b> CITY-ST-ZIP: <b>MIAMI, FL 33168</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>RAMON PEREZ - SECRETARY</b> STREET ADDRESS: <b>13935 NW 1ST AVE</b> CITY-ST-ZIP: <b>MIAMI, FL 33168</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PRESIDENT</b> NAME: <b>CARLOS BEANACCHI</b> STREET ADDRESS: <b>13935 NW 1ST AVE</b> CITY-ST-ZIP: <b>MIAMI, FL 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: <b>DIRECTOR</b> NAME: <b>JOSE LUIS IUDICA</b> STREET ADDRESS: <b>13935 NW 1ST AVE</b> CITY-ST-ZIP: <b>MIAMI, FL 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>SECRETARY</b> NAME: <b>Ramon Perez</b> STREET ADDRESS: <b>13935 NW 1st Ave</b> CITY-ST-ZIP: <b>MIAMI, FL 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: <b>SECRETARY</b> NAME: <b>Ramon Perez</b> STREET ADDRESS: <b>13935 NW 1st Ave</b> CITY-ST-ZIP: <b>MIAMI, FL 33168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Tomas Espora* 4/3/00 305-688-9694  
 Daytime Phone \*