

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103766

1. Entity Name
TWILIGHT COMMUNICATIONS INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90387 025 ***150.00

Principal Place of Business

3710 COLLINS AVE #301
MIAMI BEACH FL 33139

Mailing Address

3710 COLLINS AVE #301
MIAMI BEACH FL 33139

00053926

2. Principal Place of Business

6701 SW 49 TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

4. FEI Number 65-0966436

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Country

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

BRITO, LEONARDO F
100 SE 2 STREET STE 3850
MIAMI FL 33131

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 PD ☐ Delete
NAME MARANI, LORENA F
STREET ADDRESS 3710 COLLINS AVENUE, APT.#301
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE PD ☒ Change ☐ Addition
NAME MARANI, LORENA
STREET ADDRESS 6701 SW 49 TERRACE
CITY-ST-ZIP MIAMI - FL - 33155

TITLE VD ☐ Delete
NAME POLICINI, ANDRES L
STREET ADDRESS 600 THREE ISLANDS BOULEVARD, #111B
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE TD ☐ Delete
NAME ARRANJO, ALEJANDRO
STREET ADDRESS VIANORTE 1716 #5 SUITE 24
CITY-ST-ZIP BUENOS AIRES- 1012 ARGENTINA

TITLE TD ☒ Change ☐ Addition
NAME ARAUJO, ALEJANDRO
STREET ADDRESS VIANORTE 1716 # 5 ST. 24
CITY-ST-ZIP BUENOS AIRES - ARGENTINA

TITLE SD ☒ Delete
NAME FERRI, ROBERTO L
STREET ADDRESS 210 NE 172TH ST
CITY-ST-ZIP MIAMI BEACH FL 33160

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:

LORENA MARANI

04/30/2001 (305)7761585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)