

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90378 022 ***150.00

DOCUMENT # V06824

1. Entity Name

TRANSWORLD INTERNATIONAL DISTRIBUTORS CO.

Principal Place of Business

2920 S.W. 109TH COURT
 MIAMI FL 33165

Mailing Address

2920 S.W. 109TH COURT
 MIAMI FL 33165

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

65-0324603

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

PARLADE, ALBERTO J.
 3850 S.W. 87TH AVE.
 SUITE 207
 MIAMI FL 33165

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 DPT
 NAME ALVAREZ, JOSE
 STREET ADDRESS 2920 SW 109TH COURT
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VS
 NAME ALVAREZ, JULIETA
 STREET ADDRESS 2920 SW 109TH COURT
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 NAME ☐ Delete
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
V06824
123129

July 25, 2002

Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302

RE: Transworld International Distributors, Inc.
65-0324603

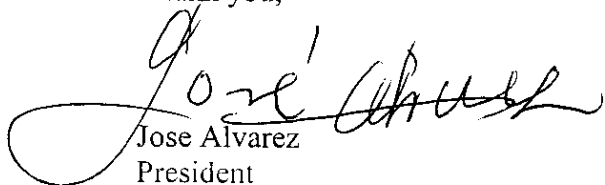
Co.
J.A.

Gentlemen:

Please accept the annual report and payment of \$150.

Excuse me but I did not receive the prior notice. I always pay on time,

Thank you,


Jose Alvarez
President