2009 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # **V20806** 1. Entity Name TRANSWORLD FINANCING CORPORATION 05-09-2000 90127 022 ***158.75 Principal Place of Business Mailing Address PO BOX 661096 2479 N.W. 36 ST. MIAMI SPRINGS FL 33266-1096 MIAM! FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0329044 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - -Name CARRASCO, RENE I. Street Address (P.O. Box Number is Not Acceptable) 15040 S.W.51ST MIRAMAR FL 33027 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition D۷ ☐ Delete TITLE TITLE GOMEZ, SABY NAME NAME 1260 STARLING AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TITLE CARRASCO, RENE I. NAME STREET ADDRESS STREET ADDRESS 15040 SW 51ST ST CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL --- Change ☐ Addition Delete TITLE TITLE LOURDES, HERRERA NAME NAME STREET ADDRESS 10250 SW 108 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition VP + DIRECTOR ☐ Delete TITLE TITLE RODOVALDO GOMEZ 1260 STARLING AVR NAME NAME STREET ADDRESS STREET ADDRESS SPAINGS FL. 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this find 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 of truetee error deep 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 a dotter with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

305-636-3496

Daytime Phone #