

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20806

1. Entity Name

TRANSWORLD FINANCING CORPORATION

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90053 048 \*\*\*158.75

Principal Place of Business

Mailing Address

2479 N.W. 36 ST.  
MIAMI FL 33142  
US

PO BOX 661096  
MIAMI SPRINGS FL 33266  
US

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

65-0329044

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARRASCO, RENE I.  
15040 S.W. 51ST  
MIRAMAR FL 33027

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	DV	<input type="checkbox"/> Delete
NAME	GOMEZ, SABY	
STREET ADDRESS	1260 STARLING AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CARRASCO, RENE I.	
STREET ADDRESS	15040 SW 51ST ST	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOURDES, HERRERA	
STREET ADDRESS	10250 SW 108 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOMEZ, RODOVALDO	
STREET ADDRESS	1260 STARLING AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YRMA C. GOMEZ	
STREET ADDRESS	18471 COLLINS AVE # 3304	
CITY-ST-ZIP	SUNNY ISLE BEACH, FL. 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE J. CARRASCO

Date

Daytime Phone #

1-5-01

CR2E034 (10/00)