

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90387 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V22533 (6)

1. Entity Name

TRANS WORLD TRADING OF HIALEAH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8260 N.W. 68th Street

Suite, Apt. #, etc.

3. Mailing Address
8330 S.W. 43rd Street

Suite, Apt. #, etc.

City & State
Miami Florida

Zip 33166

Country U.S.A.

City & State
Miami Florida

Zip 33155

Country U.S.A.

4. FEI Number
65-0364147

Applied For
Not Applicable

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

94077461

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEONCIO B. TAVAREZ

Street Address (P.O. Box Number is Not Acceptable)

8330 S.W. 43rd Street

City
Miami FL Zip Code 33155

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
TAVAREZ, LEONCIO B.
8330 SW 43rd St
Miami FL 33155

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVP
TAVAREZ, MAX F.
8330 S.W. 43rd St
Miami FL 33155

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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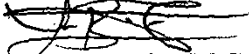
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CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



LEONCIO B. TAVAREZ

4/28/2004 (305) 772-4126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0346 (12/01)