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

94077461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8260 N.W. 68th Street		8330 S.W. 43rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Florida		City & State: Miami Florida	
Zip: 33166	Country: U.S.A.	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

DO NOT WRITE 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 reinstating) 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

			☐ Change ☑ Addition
TITLE	DP	TITLE	DVP
NAME	TAVAREZ, LEONCIO B.	NAME	TAVAREZ, MAX F.
STREET ADDRESS	8330 SW 43rd St	STREET ADDRESS	8330 S.W. 43rd St
CITY-ST-ZIP	Miami Fl 33155	CITY-ST-ZIP	Miami Fl 33155
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LEONCIO B.TAVAREZ 4/28/2004 (305) 772-4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034E (12/01)