

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90097 014 ***150.00

DOCUMENT # 391170

1. Entity Name
THIS LAND OF ACRES, INC.



Principal Place of Business
**777 NW 72 AVE
1888
MIAMI FL 33127**

Mailing Address
**PO BOX 520687
MIAMI FL 33152**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1370553**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MARQUEZ, JOSE M
782 NW LEJEUNE ROAD
SUITE 548
MIAMI FL 33126**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TERNER, SALOMON | |
| STREET ADDRESS | 777 NW 72 AVE #3 CC45 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MARQUEZ, FAUSTO | |
| STREET ADDRESS | 2550 S.W. 17 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARQUEZ, NANCY | |
| STREET ADDRESS | 2550 S.W. 17TH AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | TERNER, DINA | |
| STREET ADDRESS | 3050 NW 40 ST | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TERNER SALOMON | |
| STREET ADDRESS | 6701 NW 7 ST | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 3054669000

Date

Daytime Phone #

CR2E034 (10/02)