

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90167 019 ***150.00

0214836 AV

DOCUMENT # P96000052650

1. Entity Name
TERAHEN, INC.

Principal Place of Business Mailing Address

880-SW 129TH PLACE **1108 VALENCIA AVENUE**
MIAMI FL 33184 **CORAL GABLES FL 33134**
US



2. Principal Place of Business 3. Mailing Address

Kendall Park Apts, Office

Suite, Apt. #, etc. Suite, Apt. #, etc.

7713 No. Kendall Dr.

City & State City & State

Miami, FL

Zip Country Zip Country

33156 **USA**

4. FEI Number Applied For

65-0676091 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHELTON, TERESITA
1108 VALENCIA AVE.
CORAL GABLES FL

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 _____ (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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	SHELTON, TERESITA	
STREET ADDRESS	1108 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D ENRIQUE R. SALAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6333 SUNSET DR.	
STREET ADDRESS	So. Miami Fl 33143	
CITY-ST-ZIP		
TITLE	D RAUL E. SALAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6333 SUNSET DR.	
STREET ADDRESS	So. Miami, FL 33143	
CITY-ST-ZIP		
TITLE	D TERESITA BERNACE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6333 SUNSET DR.	
STREET ADDRESS	So. Miami, FL 33143	
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, with all other like empowered:

SIGNATURE: *Teresita A. Reshelton* 1/2/02 305-666-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)