

2001 UNIFORM BUSINESS REPORT (UBR)

04-25-2001 90128 015 ***150.00

FILED

97000029554

01 AUG 23 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000029554
1. Entity Name
TER-LAR, INC.

Principal Place of Business Mailing Address
600 NE 33RD STREET **600 NE 33RD STREET**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

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 **65-0740401** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GOLDBERG, LARRY
600 NE 33RD STREET
POMPANO BEACH FL 33064

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, LARRY	
STREET ADDRESS	600 NE 33RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: **SIGNATURE REQUIRED SEE ATTACHED →**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

11292

203

Kathleen Harris, Secretary of State
Florida Department Of State
Division Of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Ter-Lar, Inc.
Document # P97000029554

Ms. Harris:

This business report was filed on April 19, 2001, and paid with check # 2496. You returned it to us on April 30th for an additional signature. This was then sent back to you on May 16th.

Now we received a new form requesting a fee of \$ 550. – not even taking into account the original \$ 150. which you already had.

A copy of your letter acknowledging the \$ 150 is attached, as well as a copy of the signed form returned to you on May 16th.

Please adjust your records accordingly.

Very truly yours

Ter-Lar, Inc.