

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045471

1. Entity Name
TERRA WEST CORP.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90043 011 ***150.00

Principal Place of Business Mailing Address
~~2906 DOUGLAS ROAD~~ ~~2906 DOUGLAS ROAD~~
~~STE 102~~ ~~STE 102~~
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33135-4846~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
100 NW 3706E **100 NW 3706E**
Suite, Apt. #, etc. Suite, Apt. #, etc.
503 **503**
City & State City & State
MIAMI FL **MIAMI**

4. FEI Number Applied For
65-0838711 Not Applicable

Zip Country Zip Country
33125 **33125** **33125** **33125** **33125** **33125** **33125**

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

6. Name and Address of Current Registered Agent
ALVAREZ, EMILIO
2906 DOUGLAS ROAD
STE 102
CORAL GABLES FL 33134

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: **Emilio I. Alvarez** DATE: **April 13, 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, EMILIO J 6740 S.W. 78TH TERRACE SO. MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DE ARMAS, ALBERTO 266 MIAMI SPRINGS AVE. MIAMI SPRINGS FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CACHALDORA, CARLOS 604 SW 68 AVE MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Emilio I. Alvarez** Date: **April 13, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)