

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90547 039 \*\*\*\*61.25

**DOCUMENT # 712224**

1. Entity Name

**1475 TERRA TOWERS CONDOMINIUM, INC.**

Principal Place of Business	Mailing Address
1475 N.E. 125TH TERR. NO. MIAMI FL 33161	SUNRAE MANAGEMENT SERVICES, INC. <b>7071 W. Commercial Boulevard Suite #2-B - Tamarac, Fl 33319</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<b>59-1159693</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BUSCH, KAREN**  
**C/O SUNRISE MANAGEMENT**  
**7071 W. Commercial Boulevard**  
**Suite #2-B - Tamarac, Fl 33319**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW:</b> <b>FEF IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTLER, MATTHEW</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR, #311</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>KRIGMAN, BETTY</b>	
STREET ADDRESS	<b>1475 N.E. 125TH TERR., #105</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>EDGREN, SALLY</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR, #209</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SCHNEIDER, EDITH</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR #112</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BESIANA, SOFIA</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR, #606</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Bodner, Mary</b>		
STREET ADDRESS	<b>1475 NE 125th Terr #212</b>		
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Hernandez, Andrea</b>		
STREET ADDRESS	<b>1475 NE 125th Terr #507</b>		
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Savard, Jean</b>		
STREET ADDRESS	<b>1475 NE 125th Terr #106</b>		
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Driz Andelada</b>		
STREET ADDRESS	<b>1475 NE 125th Terr #506</b>		
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Besiana, Sofia</b>		
STREET ADDRESS	<b>1475 NE 125th Terr #606</b>		
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>		
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 617, 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: SUNRISE MANAGEMENT (President) Date: 4/18/00 Daytime Phone #: 305-674-2786

CR2E037 (9/99)