

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 391170

1. Entity Name

THIS LAND OF ACRES, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90666 020 ***150.00

0241895 AV

Principal Place of Business

~~2337 NW 5TH AVE.~~~~MIAMI FL 33127~~

Mailing Address

PO BOX 520687

MIAMI FL 33152

2. Principal Place of Business

777 NW 72 AVE

3. Mailing Address

Suite, Apt. #, etc.

1 B B 8

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33126

Country

MIAMI-DADE

Zip

Country

4. FEI Number

59-1370553

Applied For

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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 SD ☐ Delete
 NAME TERNER, SALOMON
 STREET ADDRESS 777 NW 72 AVE #3 CC45
 CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete
 NAME MARQUEZ, FAUSTO
 STREET ADDRESS 2550 S.W. 17 AVE
 CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
 NAME MARQUEZ, NANCY
 STREET ADDRESS 2550 S.W. 17TH AVE.
 CITY-ST-ZIP MIAMI FL

TITLE PD ☐ Delete
 NAME TERNER, DINA
 STREET ADDRESS 2337 NW 5TH AVENUE
 CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME TERNER, DINA
 STREET ADDRESS 3050 NW 40 ST
 CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/02 305-266-9000

CR2E034 (9/01)