TERRY ESTATES CORPORATION 02-14-2002 90009 010 ***1 50.00 Principal Place of Business Mailing Address 573 SM 107H ST MAM R, 33158 S73 SW 107H ST MAM R, 33158 S73 SW 107H ST MAM R, 33158 State, Apt # ale Suite, Apt #, ale Do NOT WRITE IN 1H4S SPACE City & State City & State City & State ZP Country Zip Country State, Apt # ale Suite, Apt #, ale Do NOT WRITE IN 1H4S SPACE City & State City & State Country Zip Country Zip Country State Address of Ware Registered Agent ROSSO, JORGE L State Address of Current Registered Agent Name ROSSO, JORGE L State Address (PO' Box Nomber Is Not Acceptable) State Address (PO' Box Nomber Is Not Acceptable) MAMI R, 33131 City FLE V/D' Box Nomber Is Not Acceptable) State Address (PO' Box Nomber Is Not Acceptable) Mam State Address (PO' Box Nomber Is Not Acceptable) State Address (PO' Box Nomber Is Not Acceptable) Make Check Regulate Address (PO' Box Nomber Is Not Acceptable) State Address (PO' Box Nomber Is Not Acceptable) Make Check Regulate Address Is Not Not Nombe	2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT #4658391 Entity Name				FILED Feb 14, 2002 8:00 am Secretary of State		
Syste SW 107TH ST MAN FL 33156 Syste SW 107TH ST MAN FL 33156 MAN FL 33156 2. Principal Place of Blueinoss 3. Maling Address Do NOT WIT E IN THIS SPACE Suite, Apt, # etc Suite, Apt, # etc Do NOT WIT E IN THIS SPACE City & State City & State 4. FEI Number City & State City & State 4. FEI Number Solos, Apt, # etc Courrey Zp Courrey Zp Courrey Zp Courrey 5. Omilicate of Blue, Desired State Solos, JORGE L Side Address of Current Registered Agent 7. Name and Address of New Registered Agent Towne and Address of New Registered Agent ROSSO, JORGE L Side Address of Current Registered Agent Name Towne and Address of New Registered Agent ROSSO, JORGE L Side Address of New Registered Agent Name City FL Zp Code 8. The adores ramed on thy submits this statement for the purpose of changing its registered agent of the or registered agent of the State of Florids State Name Towne and Address of North, In the State of Florids State Address of Northe String Address of North	•						
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Zip Country Zip Country S. Conflicate of Status Desired Set 75 Additional Free Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name ROSSO, JORGE L 999 SOUTHBAY SHORE DRIVE MAMI FL 33131 Name Name Street Address of New Registered Agent Name City FLL 2.0 Code City FLL Z.0 Code 6. The above named entity submits this statement for the purpose of changing its rogisterod office or registered agent, or born, in the State of Florida. State Address (P.O*Box Mumber is Not Acceptable) IGRATURE Benture, types or prefit area line (tell all et al.gouldarity DOTE Registered agent, or born, in the State of Florida. Dott IGRATURE Benture, types or prefit area line (tell agent and tell is \$150,00) After May 1, 2002 Fee will be \$550,00 In. Election Campaign Financing Dott 7.1 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Detection Campaign Financing S56,00 May Be Addot to Fees 7.1 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Detectins state Dift State <td< td=""><td colspan="2">~</td><td></td><td>4.</td><td colspan="3">4 EELNumber</td></td<>	~			4.	4 EELNumber		
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City FL Zip Code At the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flords. In the State of Flords. SiGNATURE Biguitare, oped or pireter name of registered agent and ille if applicable. (NOTE: Registered Agent Mignature recursed when reheating) DATE 3. This corporation is eligible to setsely its intemploite (See officien on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Mate Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 1. OHFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Added to Fees 1. OHFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Change Addelion TREE ADDRESS 5731 S.W. 107 ST Clir S1-2P Clir S1-2P Clir S1-2P Clir S1-2P MAME ROSSO, JORGE L Intel Change Addition MRE ADDRES S731 S.W. 107 ST. STEET ADDRESS Clir S1-2P Change Addition MRE TADRESS S731 S.W. 107 ST. STEET ADDRESS Clir S1-2P Change Addition MRE TADRESS S731 S.W. 107 ST. STEET ADDRESS Clir S1-2P Change Addition MRE TADRESS S731 S.W. 107 ST. </td <td colspan="3"></td> <td>treet Address (P.O.</td> <td>Box Number is Not Acceptable)</td> <td></td> <td>••••</td>				treet Address (P.O.	Box Number is Not Acceptable)		••••
the above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sizès of Florida. Signature, hybrid or printed name of registered agent and bler applicable (NOTE: Registered Agent agentation is eligible to satisfy its intangible Tax filing frequirement and elects to do so. (See criteria on back) (See criteria on back) (DEFICEPS AND DIFECTORS 12 Addott on See Control Make Check Payable to Department of State (NOTE: Registered Agent agentation is eligible to castisfy its intangible Tax filing frequirement and elects to do so. (See criteria on back) (DEFICEPS AND DIFECTORS 12 Addott on See Control Control Control (Defice Control Control (Defice Control (MIAMI FL 33131						
IGNATURE Junction: Speed or primed name of registered agent and bits if applicable. INOTE: Begement Agent signature required when remoting: DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to os os. (See ortigeria on back) OFFICERS AND DIRECTORS I 2 Added to Fees TILE PD Change Added to Fees TILE PD Change Added to Fees TILE D Change Added to Fees TILE Change Added to Change Added to TILE NAME STRET ADDRESS TILE D Change Added to Change Added to TILE NAME STRET ADDRESS TILE D Change Added to Change Added to Change Added to TILE NAME STRET ADDRESS TILE D Change Added to Change Added Change C				ity	<u>FL</u>	Zip Code	
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3. I hereby certify that the information exposed 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	AME TREET ADDRESS	🗖 Delete	NAME STREET A		ן	Change	Addition
changed, or on an attachment with an address, with all other like empowered.	13. I hereby certify that the information explied with i indicated on this report or supplemental report is of the corporation or the receiver or trustee empore changed, or on an attachment with an address with a supplementation.	this filing does not qualify for true and accurate and that wered to elecute this report it call other like empowered	r the exemp my signature t as required	ion stated in Section shall have the same by Chapter 607, Flo	n 119.07(3)(i), Florida Statutes. I further certif; e legal effect as if made under oath; that I arr rida Statutes; and that my name appears in I	that the in an officer of Block 11 or	formation or director Block 12 if