

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90035 047 \*\*\*61.25

**DOCUMENT # 712224**

1. Entity Name

**1475 TERRA TOWERS CONDOMINIUM, INC.**

Principal Place of Business

**1475 N.E. 125TH TERR.  
 NO. MIAMI FL 33161**

Mailing Address

**SUNRAE MANAGEMENT SERVICES, INC.  
 7071 W COMMERCIAL BOULEVARD STE #2-B  
 TAMARAC FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1159693**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSCH, KAREN  
 C/O SUNRISE MANAGEMENT  
 7071 W. COMM BLVD STE 28  
 LAUDERDALE LAKES FL 33319**

Name **Karen Busch**  
 Street Address (P.O. Box Number is Not Acceptable) **C/O Sunrise Mgmt. Services**  
**7071 W. Comm. Blvd. #2B**  
 City **Tamarac** FL Zip Code **33319**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BLICHARSKA, JANINA</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR #508</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BODNER, MARY</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR # 212</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>COTTO, OWEN</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR # 502</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>DRIZ, ADELAIDA</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR # 506</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SAVARD, JEAN</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR # 106</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tran, Jordan L.</b>	
STREET ADDRESS	<b>1475 NE 125th Terrace #407</b>	
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Besiana, Sophia</b>	
STREET ADDRESS	<b>1475 NE 125th Terrace #606</b>	
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Butler, Matthew</b>	
STREET ADDRESS	<b>1475 NE 125th Terrace #311</b>	
CITY-ST-ZIP	<b>N. Miami, FL 33161</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph, Maxime</b>	
STREET ADDRESS	<b>1475 NE 125th Terrace #307</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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)