

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90126 038 \*\*\*\*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**

**60021912**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1159693</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BUSCH, KAREN C/O SUNRISE MANAGEMENT 7071 W. COMM BLVD STE 28 TAMARAC FL 33319</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Busch*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE 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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRAN, JORDAN L</b>		NAME	<b>Driz, Adelaida</b>	
STREET ADDRESS	<b>1475 N.E. 125TH TERRACE -SUITE 407</b>		STREET ADDRESS	<b>1475 NE 125th Terrace #506</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>		CITY-ST-ZIP	<b>No. Miami, FL 33161</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BESIANA, SOPHIA</b>		NAME	<b>Besiana, Sofia</b>	
STREET ADDRESS	<b>1475 N.E. 125 TERRACE -SUITE 606</b>		STREET ADDRESS	<b>1475 NE 125th Terrace #606</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>		CITY-ST-ZIP	<b>No. Miami, FL 33161</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUTLER, MATTHEW</b>		NAME	<b>Burian Aida</b>	
STREET ADDRESS	<b>1475 N.E. 125 TERRACE -SUITE 311</b>		STREET ADDRESS	<b>1475 NE 125th Terrace #611</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>		CITY-ST-ZIP	<b>No. Miami, FL 33161</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH, MAXINE</b>		NAME	<b>Montenegro, Horatio</b>	
STREET ADDRESS	<b>1475 N.E. 125 TERRACE -SUITE 307</b>		STREET ADDRESS	<b>1475 NE 125th Terrace #609</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>		CITY-ST-ZIP	<b>No. Miami, FL 33161</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAVARD, JEAN</b>		NAME	<b>Carroll, KOLETHA</b>	
STREET ADDRESS	<b>1475 NE 125TH TERR # 106</b>		STREET ADDRESS	<b>1475 NE 125th Terrace #512</b>	
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>		CITY-ST-ZIP	<b>No. Miami, FL 33161</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: *Matthew FRC Butler* **4-15-03 305 891 2730**

CR2E037 (10/02)