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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751829 1. Entity Name

TERRARIUM HOMEOWNERS ASSOCIATION, INC.

FILED Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90163 008 ****61.25

Principal Pla	ace of Business	Mailing Address							
1890-C BRICI MIAMI FL 33	RICKELL AVE 1890-C BRICKELL AVE . 33129 MIAMI FL 33129				2				
					 	Hari ahara 18316 mana mahi ahar	I BIBRI BIBIR BRBICA	AZI CIGIZ ICER	
2. Principal	Place of Business	3. Mailing Address				-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	4. FEI Number Applied For			
Zip	Country	Zin	Cou	otr.	59-2083884 Not Applicable				-
	, , , , , , , , , , , , , , , , , , , ,		Country		5. Certificate of S	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	Iress of New Register	ed Agent		7
CANCHE	SANCHEZ, ADRIANA D.			Street Address (P.O. Box Number is Not Acceptable)					\downarrow
	CKELL AVENUE, APT. C								4
MIAMI FL	. 33129			City		■∎ Zip Coo	Zin Code		
8. The abov	e named entity submits this statement fo	r the purpose of changing its		•			"L `]
the obliga	ations of registered agent.	the purpose of changing its i	egistere	a onice or re	gistered agent, or both, in	the State of Florida. I	am familiar with	and accept	
SIGNATURE		ADRIANA .	SA	NCHE	7-	-22-02			
·	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:			required when reinstating)	DAT	re		
*	After Sentember 12, 2002	9 Floation Com	nalan Ci						1
			Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable Department of Startment Department De						
10.		OFFICERS AND DIRECTORS 11.				ES TO OFFICERS AND	DIRECTORS IN	1 10	┨
TIŢĻE NAME	PD ABELLA, MARIA C	Delete	TITLE NAME	5	PD WEST SAVE	A A	Change	Addition	1,02)
STREET ADDRESS	1890 BRICKELL AVE -D	•		T ADDRESS 7	BANJEEU SAXE	AUE-APT F)		CR2E037 (4/02)
CITY-ST-ZIP	MIAMI FL 33129	X6	CITY-:		MIAMI FL 33	<i>r</i> ż9			RZEC
NAME	SANCHEZ, ADRIANA D.	Delete	TITLE NAME	V	D Declea Maria	۷.	Change	☐ Addition	ō
STREET ADDRESS CITY-ST-ZIP	1890 BRICKELL AVENUE APT L		STREE CITY-S	ADDRESS 1	BELLA, MARIA	AUE APTD			
TITLE	MIAMI FL 33129	Delete	- JITLE		MIAMI FL 3312	<u>S</u>	☐ Change	Addition	-
NAME STREET ADDRESS	SANCHEZ, ADRIANA		NAME	ADDRESS					İ
CITY-ST-ZIP	1890 BRICKELL AVENUE APT C MIAMI FL 33129		CITY-S						
TITLE		☐ Delete	TITLE		, , ,	731	☐ Change	☐ Addition	1
STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
NAME	·	Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET	ADDRESS	<u></u>				
CITY-ST-ZIP TITLE		□ Delete	CITY-S	T-ZIP		·	П сь	C Access	-
NAME		C Delete	NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP					

12. I hereby certify that the information supplied with this filling 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 eport 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:

JIRIADRIANA SANCHER 7-22-01 (305) 856-2624