

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90310 024 ****61.25

DOCUMENT # 751829

1. Entity Name

TERRARIUM HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1890-C BRICKELL AVE
MIAMI FL 33129

Mailing Address

1890-C BRICKELL AVE
MIAMI FL 33124

2. Principal Place of Business

1890 Brickell Ave # F

3. Mailing Address

1890 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami - Florida

Miami, Florida

Zip
33129

Country
U.S.A.

Zip
33129

Country
U.S.A.



MOORE

CR2E037 (11/03)

4. FEI Number

59-2083884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ADRIANA D.
1890 BRICKELL AVENUE, APT. F
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Jorge Canballo

Street Address (P.O. Box Number is Not Acceptable)

1890 Brickell Ave # B

City

Miami FL 33129

FL

Zip Code

33129

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARBALLO, JORGE ☐ Delete
STREET ADDRESS 1890 BRICKELL AVE. -B
CITY-ST-ZIP MIAMI FL 33129

TITLE TD
NAME GILBERTO, URIBE ☐ Delete
STREET ADDRESS 1890 BRICKELL AVE. -F
CITY-ST-ZIP MIAMI FL 33129

TITLE VD
NAME SANCHEZ, ADRIANA ☐ Delete
STREET ADDRESS 1890 BRICKELL AVENUE APT C
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

Apr 17/04 788-286-7071