

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002742**

1. Entity Name

TIERRA HOLDINGS, LTD.

FILED

02 JAN 16 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

15009 N. FLORIDA AVE., #324
TAMPA FL 33613

Mailing Address

15009 N. FLORIDA AVE., #324
TAMPA FL 33613

2. Principal Place of Business

15009 N Florida Ave

3. Mailing Address

15009 N. Florida Ave

Suite, Apt. #, etc.

Suite 409

Suite, Apt. #, etc.

Suite 409

City & State

Tampa FL

City & State

Tampa FL

Zip

33613

Country

USA

Zip

33613

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3492953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCAGLIONE, CARMEN YVONNE
6028 BENJAMIN ROAD
TAMPA FL 33634

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$550,140.00

10. Amount of Capital Contributions
in FLORIDA to date.

550,140.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000074277**
NAME **DIAMON S DEVELOPMENT CORPORATION**
STREET ADDRESS **15009 N. FLORIDA AVE., #324**
CITY-ST-ZIP **TAMPA FL 33613**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

~~708884709407~~ 1
-01/22/02--01113--005
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/7/02 813-948-7898

CR2F003 (9/01)

STAPLE CHECK HERE