

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002129**  
 1. Entity Name  
**TIERRA CENTER, LTD**

Principal Place of Business Mailing Address  
**3511 WEST COMMERCIAL BLVD (Same)**  
**# 307**  
**FT. LAUDERDALE, FL 33309**

2. Principal Place of Business 3. Mailing Address  
**7809 GALLEON CT** **7809 GALLEON CT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**PARKLAND, FL** **PARKLAND, FL**  
 Zip Country Zip Country  
**33067** **33067**

4. FEI Number Applied For  
**65-0969207** Not Applicable

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

6. Name and Address of Current Registered Agent  
**Beta Investment Group, Inc.**  
**7809 GALLEON CT.**  
**PARKLAND, FL 33067**

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.

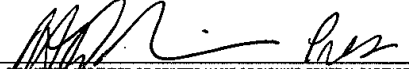
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **11/13/01**

9. Capital Contributions as Shown on record. **0-** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00** 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 |                                                                                      | 13. ADDRESS CHANGES ONLY |                       |
|---------------------------------|--------------------------------------------------------------------------------------|--------------------------|-----------------------|
| DOCUMENT #                      | P99000106606<br>Beta Investment Group, Inc.<br>7809 GALLEON CT<br>PARKLAND, FL 33067 | STREET ADDRESS           |                       |
| NAME                            |                                                                                      |                          |                       |
| STREET ADDRESS                  |                                                                                      |                          |                       |
| CITY-ST-ZIP                     |                                                                                      |                          |                       |
| DOCUMENT #                      |                                                                                      | STREET ADDRESS           | 800004702328--0       |
| NAME                            |                                                                                      |                          | -12/03/01--01058--002 |
| STREET ADDRESS                  |                                                                                      | CITY-ST-ZIP              | ****541.25 ****541.25 |
| CITY-ST-ZIP                     |                                                                                      |                          |                       |
| DOCUMENT #                      |                                                                                      | STREET ADDRESS           |                       |
| NAME                            |                                                                                      |                          |                       |
| STREET ADDRESS                  |                                                                                      | CITY-ST-ZIP              |                       |
| CITY-ST-ZIP                     |                                                                                      |                          |                       |
| DOCUMENT #                      |                                                                                      | STREET ADDRESS           |                       |
| NAME                            |                                                                                      |                          |                       |
| STREET ADDRESS                  |                                                                                      | CITY-ST-ZIP              |                       |
| CITY-ST-ZIP                     |                                                                                      |                          |                       |
| DOCUMENT #                      |                                                                                      | STREET ADDRESS           |                       |
| NAME                            |                                                                                      |                          |                       |
| STREET ADDRESS                  |                                                                                      | CITY-ST-ZIP              |                       |
| 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:  DATE: **11/13/01** **954-486-1111**

CR2E003 (11/00)

FILED  
 01 NOV 28 PM 2:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE