2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 06, 2001 8:00 am DOCUMENT # F0000000349 Secretary of State TERRA MAR MORTGAGE CORP. 03-06-2001 90010 033 ***150.00 879 Mailing Address Principal Place of Business BROWERTOWN ROAD BROWERTOWN ROAD WEST PATERSON NJ 07424 WEST PATERSON NJ 07424 OTTIOO 2. Principal Place of Business 3. Mailing Address -Suite, Apt.#, etc... Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 22-3603829 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax-filing-requirement and elects to do so. -After MAY-1-2001-Fee will be \$550.00-Trust Fund Contribution -(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PCD TITLE ☐ Change ☐ Addition TITLE ☐ Delete DINELLO, MARCO NAME NAME 273 BROWERTOWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WEST PATERSON NJ 07424** CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE DANSTRA, WAYNE NAME NAME 273 BROWERTOWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WEST PATERSON NJ 07424** ☐ Change ☐ Addition TITLE Delete TITLE BATELLI, LOUIS J NAME NAME 273 BROWERTOWN ROAD STREET ADDRESS STREET ADDRESS **WEST PATERSON NJ 07424** CITY-ST-ZIP CITY-ST-ZIP Addition X Delete TITLE Change ROTTINO, ANTHONY W FRANK OLIVER NAME NAME 273 BROWERTOWN ROAD STREET ADDRESS STREET ADDRESS 51 PARK AVE CITY-ST-ZIP_. **WEST PATERSON NJ 07424** CITY-ST-ZIP HAWTHOWE NT 07504 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.