

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62298

1. Entity Name

TERRANOVA DEVELOPMENT, INC.

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90009 006 \*\*\*150.00

Principal Place of Business

115 NW 167TH STREET  
 SUITE 300  
 N. MIAMI BCH FL 33169  
 US

Mailing Address

19355 TURNBERRY WAY  
 TOWER STE CD  
 AVENTURA FL 33180-2577  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2164770**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASSIN, ROBERTO  
 21471 HIGHLAND LAKES BLVD  
 N. MIAMI BCH FL 33179

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME KASSIN, ROBERTO  
 STREET ADDRESS 21471 HIGHLAND LAKES BVD  
 CITY-ST-ZIP N MIAMI BEACH FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  
 NAME BESSO, MICHEL  
 STREET ADDRESS 19355 TURNBERRY WAY-TOWER STE CD  
 CITY-ST-ZIP AVENTURA FL 33180

TITLE  
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 CITY-ST-ZIP

13. 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 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.

SIGNATURE:

*MICHEL BESSO*  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(305) 6201851

Daytime Phone #

CR2E034 (9/99)