2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 AM
Secretary of State

DOCUMENT# F95416

Entity Name: TERRANOVA DESIGN ASSOCIATES, INC.

Current Principal Place of Business:

3531 W. FAIRVIEW
COCONUT GROVE, FL 33133

New Principal Place of Business:

90 EDGEWATER DRIVE
NO. 1120
CORAL GABLES, FL 33133

Current Mailing Address:

3531 W. FAIRVIEW
COCONUT GROVE, FL 33133

New Mailing Address:

PO BOX 331045
MIAMI, FL 33233

FEI Number: 59-2215687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONWAY, ANITA M.
3531 W FAIRVIEW
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CONWAY, ANITA M.
90 EDGEWATER DRIVE
NO. 1120
CORAL GABLE,, FL 33133 US

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: 04/24/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: CONWAY, ANITA M,
Address: 3531 W FAIRVIEW
City-St-Zip: COCONUT GROVE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition
Name: CONWAY, ANITA M,
Address: 90 EDGEWATER DRIVE NO. 1120
City-St-Zip: CORAL GABLES, FL 33133 US

Title: DPVS ( ) Change (X) Addition
Name: CONWAY, ANITA M DPVS
Address: 90 EDGEWATER DRIVE NO. 1120
City-St-Zip: CORAL GABLES, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA M. CONWAY DPVS 04/24/2002
Electronic Signature of Signing Officer or Director — Date