

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90038 038 \*\*\*150.00

**DOCUMENT # G49585**

1. Entity Name

**TERRANA OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

C/O FLORIDA PROPERTY MANAGEMENT & SALES  
1750 UNIVERSITY DR., SUITE 114  
CORAL SPRINGS FL 33071C/O FLORIDA PROPERTY MANAGEMENT & SALES  
1750 UNIVERSITY DR., SUITE 114  
CORAL SPRINGS FL 33071-6076**00018513**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7775 Highlands Circle**

3. Mailing Address

**7785 Highlands Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Margate FL 33063**

City &amp; State

**Margate FL 33063**

Zip

**33063**

Country

**US**

Zip

**33063**

Country

**US**

4. FEI Number

**59-2304468**

Applied For

Not Applied For

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

6. Name and Address of Current Registered Agent

**DORA, PETER D**  
**1750 UNIVERSITY DR.**  
**SUITE 114**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**7785 Highlands Circle**

City

**Margate****FL**Zip Code  
**33063**

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

**Peter D. Dora****2-01-00**

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

TITLE **PTD** ☐ Delete  
NAME **BACHMANN, LEOPOLD**  
STREET ADDRESS **1750 UNIVERSITY DR., STE. 114**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE **VD** ☐ Delete  
NAME **BACHMANN, SIGMUND**  
STREET ADDRESS **1750 UNIVERSITY DR., STE. 114**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE **SD** ☐ Delete  
NAME **BACHMANN, JOHANNA**  
STREET ADDRESS **1750 UNIVERSITY DR., STE. 114**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Leopold Bachmann** 01-00**954-752-2036**