# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 05, 2001 8:00 am**
**Secretary of State**
09-05-2001 90012 040 ***150.00

000288987 AV

DOCUMENT # G49585

1. Entity Name
TERRANA OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7775~~ HIGHLANDS CIRCLE<br>MARGATE FL 33063 | ~~7775~~ HIGHLANDS CIRCLE<br>MARGATE FL 33063 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7785 | 7785 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2304468 — Applied For / Not Applicable

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 |
|---|---|
| DORA, PETER D<br>~~7784~~ HIGHLANDS CIRCLE<br>MARGATE FL 33063 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 7785<br>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 $550.00**
**After September 12, 2001 Fee will be $750.00**
**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 PTD ☐ Delete<br>NAME BACHMANN, LEOPOLD<br>STREET ADDRESS 1750 UNIVERSITY DR., STE. 114<br>CITY-ST-ZIP CORAL SPRINGS FL 33071 | TITLE ☒ Change ☐ Addition<br>NAME<br>STREET ADDRESS SAUMMERSTRASSE 51<br>CITY-ST-ZIP RUSCHLIKON SWITZERLAND CH 8803 |
| TITLE VD ☐ Delete<br>NAME BACHMANN, SIGMUND<br>STREET ADDRESS 1750 UNIVERSITY DR., STE. 114<br>CITY-ST-ZIP CORAL SPRINGS FL 33071 | TITLE ☒ Change ☐ Addition<br>NAME<br>STREET ADDRESS SAUMMERSTRASSE 51<br>CITY-ST-ZIP RUSCHLIKON SWITZERLAND CH 8803 |
| TITLE SD ☐ Delete<br>NAME BACHMANN, JOHANNA<br>STREET ADDRESS 1750 UNIVERSITY DR., STE. 114<br>CITY-ST-ZIP CORAL SPRINGS FL 33071 | TITLE ☒ Change ☐ Addition<br>NAME<br>STREET ADDRESS SAUMMERSTRASSE 51<br>CITY-ST-ZIP RUSCHLIKON SWITZERLAND CH 8803 |
| TITLE ☐ Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE ☐ Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE ☐ Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>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:** ELECTRONICALLY FILED Leopold Bachmann, Aug 30, 2001 954-752-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G49585

1. Entity Name

TERRANA OF FLORIDA, INC.

Attachment
D00062611

[redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O FLORIDA PROPERTY MANAGEMENT & SALES<br>1750 UNIVERSITY DR., SUITE 114<br>CORAL SPRINGS FL 33071 | C/O FLORIDA PROPERTY MANAGEMENT & SALES<br>1750 UNIVERSITY DR., SUITE 114<br>CORAL SPRINGS FL 33071-6076 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7775 Highlands Circle | 7785 Highlands Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Margate FL 33063 | City & State: Margate FL 33063 |
| Zip: 33063 Country: US | Zip: 33063 Country: US |

4. FEI Number 59-2304468 — Applied For / Not Applicable

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 |
|---|---|
| DORA, PETER D<br>1750 UNIVERSITY DR.<br>SUITE 114<br>CORAL SPRINGS FL 33071 | Name:<br>Street Address (P.O. Box Number is Not Acceptable): 7785 Highlands Circle<br>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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE: PTD<br>NAME: BACHMANN, LEOPOLD<br>STREET ADDRESS: 1750 UNIVERSITY DR., STE. 114<br>CITY-ST-ZIP: CORAL SPRINGS FL 33071 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: VD<br>NAME: BACHMANN, SIGMUND<br>STREET ADDRESS: 1750 UNIVERSITY DR., STE. 114<br>CITY-ST-ZIP: CORAL SPRINGS FL 33071 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: SD<br>NAME: BACHMANN, JOHANNA<br>STREET ADDRESS: 1750 UNIVERSITY DR., STE. 114<br>CITY-ST-ZIP: CORAL SPRINGS FL 33071 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

PAID
CK NO 4426 DATE 2-1-00

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:** _____ Leopold Bachmann 2-01-00 954-752-2036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #