2001 UNIFORM BUSINESS REPORT (UBR)

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

000897 AV

DOCUMENT # G49585

1. Entity Name
TERRANA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~7775~~ HIGHLANDS CIRCLE MARGATE FL 33063	~~7775~~ HIGHLANDS CIRCLE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

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

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 ~~7784~~ HIGHLANDS CIRCLE MARGATE FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) 7785 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BACHMANN, LEOPOLD 1750 UNIVERSITY DR., STE. 114 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SAUMMERSTRASSE 51 RUSCHLIKON SWITZERLAND CH 8803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BACHMANN, SIGMUND 1750 UNIVERSITY DR., STE. 114 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SAUMMERSTRASSE 51 RUSCHLIKON SWITZERLAND CH 8803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BACHMANN, JOHANNA 1750 UNIVERSITY DR., STE. 114 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SAUMMERSTRASSE 51 RUSCHLIKON SWITZERLAND CH 8803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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~~ SECURED Leopold Bachmann Aug 30, 2001 954-752-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

2. Principal Place of Business	3. Mailing Address
7775 Highlands Circle Suite, Apt. #, etc.	7785 Highlands Circle 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 1750 UNIVERSITY DR. SUITE 114 CORAL SPRINGS FL 33071	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BACHMANN, LEOPOLD 1750 UNIVERSITY DR., STE. 114 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BACHMANN, SIGMUND 1750 UNIVERSITY DR., STE. 114 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BACHMANN, JOHANNA 1750 UNIVERSITY DR., STE. 114 CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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 #