

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90047 019 \*\*\*150.00

**DOCUMENT # G49585**

**1. Entity Name**  
**TERRANA OF FLORIDA, INC.**

**Principal Place of Business**

**7785 HIGHLANDS CIRCLE**  
**MARGATE FL 33063**

**Mailing Address**

**7785 HIGHLANDS CIRCLE**  
**MARGATE FL 33063**

**428682**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**7926 Exeter Blvd. E.**  
**Tamarac FL 33321-9301**

**3. Mailing Address**

**7926 Exeter Blvd. E.**  
**Tamarac FL 33321-9301**

**4. FEI Number** **59-2304468**

**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**

**DORA, PETER D**  
**7785 HIGHLANDS CIRCLE**  
**MARGATE FL 33063**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address** **7926 Exeter Blvd. E.**  
**Tamarac FL 33321-9301**  
**City** **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **PTD** ☐ **Delete**  
**NAME** **BACHMANN, LEOPOLD**  
**STREET ADDRESS** **SAUMMERSTRASSE 51**  
**CITY-ST-ZIP** **RUCCHLIKON SWITZERLAND**

**TITLE** **VD** ☐ **Delete**  
**NAME** **BACHMANN, SIGMUND**  
**STREET ADDRESS** **SAUMMERSTRASSE 51**  
**CITY-ST-ZIP** **RUSCHLIKON SWITZERLAND**

**TITLE** **SD** ☐ **Delete**  
**NAME** **BACHMANN, JOHANNA**  
**STREET ADDRESS** **SAUMMERSTRASSE 51**  
**CITY-ST-ZIP** **RUSCHLIKON SWITZERLAND**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **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**

**Leopold Bachmann, Pres.** **04/24/02**

**Date**

**Daytime Phone #**

**954-507-7000**

CR2E034 (9/01)