

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90124 013 ***150.00

DOCUMENT # G69105

1. Entity Name

TERMINAL INVESTMENT CORP.

Principal Place of Business

**250 CATALONIA AVENUE
 SUITE 605
 CORAL GABLES FL 33134**

Mailing Address

**C/O JOSE R TRAVIESO JR
 P O BOX 141736
 CORAL GABLES FL 33114
 US**

610838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2333787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TRAVIESO, JOSE JR.
 3155 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **TRAVIESO, JR., JOSE R.**
 Street Address (P.O. Box Number is Not Acceptable) **250 CATALONIA AVENUE, SUITE 605**
 City **CORAL GABLES FL** Zip Code **33134**

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 \$150.00
 After MAY 1, 2001 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 **D** ☐ Delete
 NAME **MANSUR, LUIS E.**
 STREET ADDRESS **BACHSTRAAT 5 ORANJESTAD**
 CITY-ST-ZIP **NETHERLAND ANTILLES**

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

TITLE **PS** ☐ Delete
 NAME **TRAVIESO, JOSE R., JR.**
 STREET ADDRESS **3155 PONCE DE LEON BLVD**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PS** ☐ Change ☐ Addition
 NAME **TRAVIESO, JR., JOSE R.**
 STREET ADDRESS **250 CATALONIA AVENUE, SUITE 605**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
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 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)