## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

2000 PALM BEACH LAKES BLVD

## J74489 **DOCUMENT#**

1. Entity Name

Principal Place of Business

2000 PALM BEACH LAKES BLVD

TERRA PROPERTIES, INC.



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90377 031 \*\*\*150.00



SUISTE 301 W PALM BEACH FL 33409 US		SUISTE 301 W PALM BEACH FL 33409 US						
	Place of Business Palm Beach lakes Blue	- 1 ledes e	Rive			il alait blait bioli di		
Suite, Apt. #, etc.  # 700  Suite, Apt. #, etc.  # 700			ead lates Blit		CHECK HERE IF MAKING CHANGES			
City & Star	Palm Beach, FL	City & State			4. FEI Number 65	i-0004398		plied For t Applicable
3340	Country USA:	-33409 -	Country		5. Certificate of State	us Desired 🕒 🗷 🕟	\$8.75 Add Fee Required	
		7. Name and Address of New Registered Agent						
CAMERON 2000 PALI	Street Address (P.O. Box Number is Not Acceptable) 2090 Palm Beach (Alds Blud.							
SUITE 301								
WEST PAI	Suite 700 City best Palm Beach, FL Zig God 09							
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  The After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution. Added to Feed								
10.	OFFICERS AND DII	RECTORS	11.		ADDITIONS/CHANG	GES TO OFFICERS A	ND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS	PSD CAMERON-HAYES, JONATHAN 2000 PALM BEACH LAKES BLVD., 1	□ Delete #301	TITLE NAME STREET ADDRESS		o Palm Beac	_		□ Addition
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	$\omega$	est Palm B	each, FL 3	3409	
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12. I hereby certify that the information supplied with this hing 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 10 or Block 11 if changed, or on an attachment with an adipose, with all other like empowered.

**SIGNATURE:** 

EQUINED ED NAME OF SIGNING OFFICER OR DIRECTOR

561 686 6868