

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90140 007 \*\*\*\*50.00

**DOCUMENT # L01000008115**

1. Entity Name

**TERRA INTERNATIONAL DEVELOPMENTS LLC**

Principal Place of Business

**1221 BRICKELL AVE.  
 SUITE 2100  
 MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE.  
 SUITE 2100  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1108870**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.  
 1221 BRICKELL AVE.  
 SUITE 2100  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS                                               |                                 | 10. ADDITIONS/CHANGES                          |                                                                   |
|----------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGR<br>MARTIN, PEDRO A<br>1221 BRICKELL AVE., SUITE 2100<br>MIAMI FL 33131 | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                            | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                            | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                            | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                            | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                            | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED P. A. MARTIN 7/8/02 305-579-0545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)