

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 016 ****50.00

DOCUMENT # L02000032691

1. Entity Name



THE TERA GROUP, LLC

DO NOT WRITE IN THIS SPACE

10103770

2. Principal Place of Business

3781 E. Lake Estates DR

3. Mailing Address

P.O. Box 291045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

32-0045809

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33329

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard Graf

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

833 N.W. 81 Terrace

City

Plantation

FL

Zip Code

33328

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Joanne Terazawa
3781 E. Lake Estates DR.
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-pres.
Richard Graf
PO Box 1351
Ft. Lauderdale, FL 33302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Joanne Terazawa

5/7/03

954-473-0682

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

Date

Daytime Phone #

CR2E083B (12/02)