

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50073

1. Entity Name

TERRA FIRMA REAL ESTATE, INC.

Principal Place of Business

1205 LINCOLN ROAD
SUITE #218
MIAMI BEACH FL 33139

Mailing Address

1205 LINCOLN ROAD
SUITE #218
MIAMI BEACH FL 33139

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 65-0173964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORUS, MITCHELL PAUL
1205 LINCOLN ROAD
SUITE #218
MIAMI BEACH FL 33139

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KORUS, MITCHELL PAUL	
STREET ADDRESS	5757 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SIKES, JR., JAMES	
STREET ADDRESS	1150 COLLINS AVENUE #201	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BENWARE, MARK	
STREET ADDRESS	1150 COLLINS AVENUE #201	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Korus	
STREET ADDRESS	1205 Lincoln Road #218	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-9-2001 (305) 531-2888

Date

Daytime Phone #

MITCHELL P. KORUS

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90019 031 ***150.00

00006770



DO NOT WRITE IN THIS SPACE

0170623

CR2E034 (10/00)