

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91198 025 ***150.00

DOCUMENT # L75117

1. Entity Name
TERRA FIRMA CAPITAL, INC.

Principal Place of Business
P. O. BOX ~~680-550~~ **680-550**
MIAMI FL 33168 - 0550
US

Mailing Address
P. O. BOX ~~680-550~~ **680-550**
MIAMI FL 33168 - 0550
US



2. Principal Place of Business

3. Mailing Address
P.O. BOX 680-550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FLA

4. FEI Number **65-0335089**

Applied For

Not Applicable

Zip

Country

Zip
33168-0550

Country

U.S.A.

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

BARTHET, PATRICK C ESQ
200 S. BISCAYNE BLVD
SUITE 1800
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
PD
NAME **UTVICH, MICHAEL**
STREET ADDRESS **6305 CASTANEDA**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **OLIVER, SHERILL**
CITY-ST-ZIP **2300 INDIAN CREEK BLVD WEST APT C117**
VERO BEACH FL 32966

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EUERINGHAM, PHILIP D**
CITY-ST-ZIP **2802 SAN DOMINGO ST**
CORAL GABLES FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **UTVICH, DAVID M**
CITY-ST-ZIP **1368 HIBISCUS AVE**
WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME **CST**
STREET ADDRESS **UTVICH, LORNA R**
CITY-ST-ZIP **6305 CASTANEDA**
CORAL GABLES FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **UTVICH, DARYL A**
CITY-ST-ZIP **PO BOX 622462**
ORLANDO FL 32862

TITLE ☐ Change ☐ 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: **Michael Utvich** **CEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **305/688-2222**
Date Daytime Phone #

CR2E034 (9/01)