

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M49346

1. Entity Name

TERRAFORMA COMPANY

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90446 033 ***150.00

Principal Place of Business

Mailing Address

3914 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

616 JERONIMO DRIVE
CORAL GABLES FL 33146-1348

2. Principal Place of Business

3. Mailing Address

9055 S.W. 56th CT
Suite, Apt. #, etc.

9055 SW 56th CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES FL		City & State CORAL GABLES FL		4. FEI Number 65-0010183	Applied For <input type="checkbox"/> Not Applicable
Zip 33156	Country USA	Zip 33156	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, MARIA E
647 ESCOBAR AVE
201 S. BISCAYNE BLVD., 2400 MIAMI CENTER
CORAL GABLES FL 33134

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEL RIO, CHIAVACCI O 616 JERONIMO DRIVE CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9055 S.W. 56th COURT CORAL GABLES FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL RIO, FREDA 3914 PONCE DE LEON BLVD CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 UNIVERSITY DRIVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. ALVAREZ, MARIA 647 ESCOBAR AVE CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

Ophelia Chiavacchi OFELIA CHIAVACCI 1/14/00 305 667-8522

CR2E034 (9/99)