

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91280 020 ***150.00

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DOCUMENT # M96872

1. Entity Name
TERRY OF FLORIDA, INC.



Principal Place of Business
ONE ALHAMBRA CIRCLE, APT #401
CORAL GABLES FL 33134

Mailing Address
PO BOX 140956
CORAL GABLES FL 33114-0956



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 **65-0078357**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD
STE 301
CORAL GABLES FL 33134

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	AZPURUA, ALBERTO	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LARA, VALENTINA DE	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LARA, FRANCES	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	LARA, JUAN A	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	LARA, MARIA T	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARA, MARIA T	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARA, ENRIQUE	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT. 401	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARA, MARIA T.	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT. 401	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARA, MARIA V.	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT. 401	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Van Lora

4/23/03 3052298180

Date

Daytime Phone #

CR2E034 (10/02)