

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-15-2001 90173 015 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23006

1. Entity Name

TERRANOVA WAREHOUSE CONDOMINIUM NO. 25 ASSOCIATI

Principal Place of Business

2305-2307 W. 77 ST.
 HIALEAH FL 33016

Mailing Address

2305-2307 W. 77 ST.
 HIALEAH FL 33016

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

65-0136586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REYES III, AGUSTIN W.
 1481 NE 104 ST
 MIAMI SHORES FL 33138

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAPANES, SR., JORGE T 11875 SW 19 LANE #164 MIAMI FL 33175	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAPANES, JORGE T. 8260 NW 199 STREET MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REYES III, AGUSTIN W. 1481 NE 104 ST MIAMI SHORES FL 33138	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD REYES, ANA MARIA 2333 BRICKELL AVE. APT. NO. 706 MIAMI, FL 33129	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOTTA LOERO 8625 N.W. 8th ST. # 402 MIAMI, FL 33126	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-27-01

Date

305-558-8870

Daytime Phone #

CR2E037 (10/00)