

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90160 039 \*\*\*\*61.25

**DOCUMENT # N30495**

1. Entity Name

**TOWN & COUNTRY CENTER MERCHANTS ASSOCIATION, INC**



Principal Place of Business

**TOWN & COUNTRY CENTER  
8505 MILLS DR. SUITE M-211  
MIAMI FL 33183  
US**

Mailing Address

**TOWN & COUNTRY CENTER  
8505 MILLS DR. SUITE M-211  
MIAMI FL 33183  
US**

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 **65-0112741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TERCILLA, RAUL D  
C/O TOWN & COUNTRY MANAGEMENT OFFICE  
8505 MILLS DR, SUITE M-211  
MIAMI FL 33183**

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 installing)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DEUSSER, SHEILA**  
CITY-ST-ZIP **8505 MILLS DRIVE  
MIAMI FL 33183**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **TERCILLA, RAUL D**  
CITY-ST-ZIP **8505 MILLS DR  
MIAMI FL 33183**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **SOLIS, CARLOS**  
CITY-ST-ZIP **8505 MILLS DR  
MIAMI FL 33183**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **SMATT, ROBERT**  
CITY-ST-ZIP **8505 MILLS DRIVE  
MIAMI FL 33183**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GARCIA, LAZARO**  
CITY-ST-ZIP **8505 MILLS DR  
MIAMI FL 33183**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PENZA, TAMMASO**  
CITY-ST-ZIP **8505 MILLS DR  
MIAMI FL 33183**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 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 SIGNING OFFICER OR DIRECTOR

1/14/03

305/274-7982

CR2E037 (10/02)