

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90139 009 ***150.00

DOCUMENT # P00000024486

1. Entity Name
TERRA ASSOCIATION MANAGEMENT SERVICES, INC.



Principal Place of Business
1957 WEST 60 STREET
HIALEAH, FL 33012

Mailing Address
1957 WEST 60 STREET
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0988157

Applied For
Not Applicable

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

GARCIA, ADELAIDA N
1957 WEST 60 STREET
HIALEAH, FL 33012

Name
Teresa Llauger
Street Address (P.O. Box Number is Not Acceptable)
1957 W 60 St.
City
Hialeah
FL
Zip Code
33012

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)

7/1/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **GARCIA, ADELAIDA**
STREET ADDRESS **1957 WEST 60 STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **PD** ☐ **Change** ☐ **Addition**
NAME **Teresa L. Llauger**
STREET ADDRESS **1957 W 60 St.**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **D** ☒ **Delete**
NAME **LLAUGER, TERESA L**
STREET ADDRESS **1957 WEST 60 STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SD** ☐ **Change** ☐ **Addition**
NAME **Adelaide Garcia.**
STREET ADDRESS **1957 W 60 St**
CITY-ST-ZIP **Hialeah FL 33012**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03 **305-826-6606**
Date Daytime Phone #

CR2E034 (4/03)