

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90016 013 ***150.00

0294843

DOCUMENT # P00000031332

1. Entity Name

TERAMAR MEDIA INC.

Principal Place of Business

15315 79TH TERR. NORTH
PALM BEACH GARDENS FL 33418

Mailing Address

15315 79TH TERR. NORTH
PALM BEACH GARDENS FL 33418

040088

2. Principal Place of Business

584 Corporate Way

Suite, Apt. #, etc.

Suite 102

3. Mailing Address

584 Corporate Way

Suite, Apt. #, etc.

Suite 102

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33407

Palm Beach

33407

Palm Beach

6. Name and Address of Current Registered Agent

ABRISHAMI, MARGARITA P
15315 79TH TERR. NORTH
PALM BEACH GARDENS FL 33418

4. FEI Number

65-0995158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

584 Corporate Way Suite 102

City

West Palm Beach

FL

Zip Code

33407

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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

1/24/01

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, 2001 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

TITLE D ☐ Delete
NAME ABRISHAMI, BAHAM A
STREET ADDRESS 15315 79TH TERR. NORTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME ABRISHAMI, MARGARITA P
STREET ADDRESS 15315 79TH TERR. NORTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

561 615 8483

Daytime Phone #

CR2E034 (10/00)