

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90002 031 \*\*\*150.00

**DOCUMENT # P00000032763**

1. Entity Name

**TERRA GRAPHIC, INC.**

Principal Place of Business

**5881 NW 151 STREET SUITE #13  
MIAMI LAKES FL 33014**

Mailing Address

**5881 NW 151 STREET SUITE #13  
MIAMI LAKES FL 33014**

2. Principal Place of Business

**6790 NW 186ST  
Suite, Apt. #, etc.  
415**

3. Mailing Address

**6790 NW 186ST  
Suite, Apt. #, etc.  
415**

City & State

**HIALEAH**

City & State

**HIALEAH**

Zip

**33015**

Country

**U.S.A**

Zip

**33015**

Country

**U.S.A**

4. FEI Number

**65-1007025**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FIGUEROA, ELIZABETH  
850 N. MIAMI AVE.  
APT. #806  
MIAMI FL 33136**

7. Name and Address of New Registered Agent

Name

**JUAN EFRAIN CANELON**

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

**6790 NW 186ST #415**

**SOCIAL SECURITY  
#593957038**

City

**HIALEAH**

FL

Zip Code

**33015**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/6/01**

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: **PSD** ☐ Delete  
NAME: **CANELON, JUAN EFRAIN**  
STREET ADDRESS: **850 N MIAMI AVE. APT. #806**  
CITY-ST-ZIP: **MIAMI FL 33136**

TITLE: **TD** ☐ Delete  
NAME: **YUGNURA VASQUEZ, BETSY**  
STREET ADDRESS: **CC USLAR, LOCAL NO. 16**  
CITY-ST-ZIP: **MONTALBAN, CARACAS VENZUELA**

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  
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STREET ADDRESS:   
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TITLE: ☐ Change ☐ Addition  
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/6/01**

CR2E034 (10/00)