

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050278

1. Entity Name
THE TERRACE, INC.

Principal Place of Business

6747 MAIN ST.
MIAMI LAKES FL 33014

Mailing Address

6747 MAIN ST.
MIAMI LAKES FL 33014

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

020609644 APPLIED FOR

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

ELANNAN, RABIH
6747 MAIN STREET
MIAMI LAKES FL 33014

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
ELANNAN, RABIH
6746 MAIN ST.
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 90557 040 ***150.00

37205



DO NOT WRITE IN THIS SPACE

U1000000 AV

CR2E034 (9/01)

4/25/02

305 826 0804

Attachment

37205
#P00000050278

Amount _____ Check Number _____
Date _____
Type of Tax _____ Tax Period _____

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)

19 2 Telephone number _____

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.
See instructions on page 1.
BANK NAME/DATE STAMP
THE TERRACE INC
6743 MAIN ST
MIAMI LAKES FL 33014-2071
EIN 02-0609644 081004

941	945	1st Quarter
990-C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	1042	
940		

FOR BANK USE IN MICR ENCODING

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