


011
2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000055822

1. Entity Name
TERRA NOVA ENTERPRISES, CORP.



FILED

03 APR 10 AM 10:27

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
604155500016
04/09/03--01061--016 **450.00

2. Principal Place of Business
11552 SW 100 Avenue
Suite, Apt. #, etc.

3. Mailing Address
11552 SW 100 Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl. 33176

City & State
Miami, Fl. 33176

Zip **Country**

4. FEI Number
65-1046830

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Adolfo Moreno

Street Address (P.O. Box Number is Not Acceptable)
11552 SW 100 Avenue

City **FL** **Zip Code**
Miami, Fl. 33176

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 _____ (NOTE: Registered Agent signature required when registering) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P	NAME MORENO, ADOLFO	TITLE	
STREET ADDRESS	11552 SW 100 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33176	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like employees.

SIGNATURE: *Adolfo Moreno* **Date:** 03/17/03 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

gs 4/10