

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094993

1. Entity Name
TERRAMODA, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90629 007 ***150.00

Principal Place of Business
1790 WEST 49TH STREET
SUITE 201
HIALEAH FL 33012

Mailing Address
1790 WEST 49TH STREET
SUITE 201
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

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

65-1136629

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

ARCILA, CARLOS I
1790 WEST 49TH STREET
SUITE 201
HIALEAH FL 33012

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	D ARCILA, CARLOS I 1790 WEST 49TH STREET SUITE 201 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

CARLOS I ARCILA D

03/27/02

(305)821-4146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)

Internal Revenue Service

Accounts Management Division I
 Branch II - Teletin Unit
 Stop 751
 PO Box 47421
 Chamblee, GA 30362
 Phone 678-530-7234/7235
 FAX 678-530-6156

Date: September 13, 2001

Employee Identification: 0716927570

TO:	CARLOS ARCILA	FAX:	305-821-8688
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	TERRAMODA INC	Employer ID #	65-1136629
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
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Company Name		Employer ID #	

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