2001 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2001 8:00 am Secretary of State DOCUMENT # P0000100922 05-22-2001 90740 001 \*\*\*300.00 TERRENO 636, INC. Mailing Address Principal Place of Business 1428 BRICKELL AVENUE 1428 BRICKELL AVENUE 4626 MAIN FLOOR MAIN FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65–1052345 Applied For City & State City & State Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANGUART, JULIO E Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE MAIN FLOOR MIAMI, FL 33131 City 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. SR2E034 (11/00) Addition Delete ☐ Change TITLE NAME PRINEITO, VITTORIO STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVENUE MAIN FLOOR CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33131</u> TITLE Change Addition Delete TITLE NAME NAME LLOBELL, FABIAN STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVENUE MAIN FLOOR CITY-ST-ZIP CITY-ST-ZIP MTAMI FL 33131 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME SANTANA, RAFAEL STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVENUE MAIN FLOOR CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33131</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

vith an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #