

FILED  
Apr 16, 2003 8:00 am  
Secretary of State

04-16-2003 90168 038 \*\*\*150.00

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

DOCUMENT # P00000100922

1. Entity Name  
**TERRENO 636 INC.**



Principal Place of Business  
1428 BRICKELL AVENUE  
MIAMI, FL 33131

Mailing Address  
1428 BRICKELL AVENUE  
MIAMI, FL 33131

**90088213**

2. Principal Place of Business

**636 Sabal Palm Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**636 Sabal Palm Rd.**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33137-3354**

Country

**U.S.A.**

City & State

**Miami, FL**

Zip

**33137-3354**

Country

**U.S.A.**

4. FEI Number

**65-1052345**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANGUART, JULIO E  
1428 BRICKELL AVENUE  
SUITE 206  
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$550.00  
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 ☐ Delete  
NAME **D PRINETTO, VITTORIO**  
STREET ADDRESS **1428 BRICKELL AVENUE, STE. 206**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Delete  
NAME **D LLOBELL, FABIAN**  
STREET ADDRESS **1428 BRICKELL AVENUE, STE. 206**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME **D SANTANA, RAFAEL**  
STREET ADDRESS **1428 BRICKELL AVENUE, STE. 206**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Prinetto, Vittorio**  
STREET ADDRESS **636 Sabal Palm Rd.**  
CITY-ST-ZIP **Miami, FL 33137-3354**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **santana, rafael**  
STREET ADDRESS **636 Sabal Palm Rd.**  
CITY-ST-ZIP **Miami, FL 33137-3354**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**Vittorio Prinetto**

**04/11/03 (305)572-1303**

Date

Daytime Phone #

CR2E034 (10/02)