

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111801

1. Entity Name

TERENCE RANGER, INC.

Principal Place of Business

3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

Mailing Address

3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

2. Principal Place of Business

770 SE 2nd Ave.

Suite, Apt. #, etc.

A 203

City & State

Deerfield Beach Fl.

Zip

33415

Country

3. Mailing Address

770 SE 2nd Ave.

Suite, Apt. #, etc.

A 203

City & State

Deerfield Beach Fl.

Zip

33415

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1059464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERRO, RAQUEL

3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Terence Ranger

Street Address (P.O. Box Number is Not Acceptable)

770 SE 2nd Avenue A 203

City

Deerfield Beach

FL

Zip Code

33415

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

04-06-01

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS RANGER, TERENCE
CITY-ST-ZIP 770 SE 2ND AVENUE A 203
DEERFIELD BEACH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-06-01

CR2E034 (10/00)

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