2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90204 044 ***150.00

DOCUMENT # P00000117325

1. Entity Name
TERBOL, INC.

Principal Place of Business	Mailing Address
6854 W. FLAGLER ST. MIAMI FL 33144	6854 W. FLAGLER ST. MIAMI FL 33144

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2550 NW 72 Ave		2550 NW 72 Ave	
Suite, Apt. #, etc.: Suite 316		Suite, Apt. #, etc.: Suite 316	
City & State: Miami FL		City & State: Miami FL	
Zip: 33122	Country:	Zip: 33122	Country:

4. FEI Number 65-1088049 ☐ 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
MONASTERIO, TAMARA 6854 W. FLAGLER ST. MIAMI FL 33144	Name: Monasterio, Tamara Street Address (P.O. Box Number is Not Acceptable): 2550 NW 72 Ave. Suite 316 City: Miami FL Zip Code: 33122

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] 4-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, MUGO 2550 NW 32 AVENUE SUITE 316 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Morales, Hugo M. 2550 NW 72 Ave Suite 316 Miami FL 33122	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONASTERIO, TAMARA 2550 32 AVENUE SUITE 316 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monasterio, Tamara 2550 NW 72 Ave. Suite 316 Miami FL 33122	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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 REQUIRED [signature] 4-16-03 305-5923888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #