

4/27

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

04-02-2002 90866 025 ***150.00

DOCUMENT # P010000160801. Entity Name
TEROSA, INC.Principal Place of Business
**420 US HIGHWAY ONE SUITE 5
NORTH PALM BEACH FL 33408**Mailing Address
**420 US HIGHWAY ONE SUITE 5
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651084863

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TIZZANO, ANTONELLA
420 US HIGHWAY ONE SUITE 5
NORTH PALM BEACH FL 33408**

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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 TIZZANO, ANTONELLA 382 GOLFVIEW ROAD APT C NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIELLA, RICARDO 382 GOLFVIEW ROAD APT C NORTH PALM BEACH FL 33408	<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
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)(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 #

CHECK #1880

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

756626

1880

TEROSA, INC.
PH 561-844-9009
420 U S HIGHWAY 1, SUITE 5
NORTH PALM BEACH, FL 33408

756626

63-643/870
BRANCH 00652

3/26/02

DATE

PAY TO THE ORDER OF DEPARTMENT OF STATE \$ 150.00

one hundred fifty.00 xx

DOLLARS



FIRST UNION

First Union National Bank
firstunion.com
Org. 003 R/T 067006432

CUSTOM BUSINESS BANKING

FOR uee

Catherine DeLeon

⑈001880⑈ ⑆067006432⑆ 2000008380513⑈

⑈0000015000⑈

39215

#P01000016880

Attachment

FEI

651084863

