

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2002 8:00 am
Secretary of State

02-19-2002 90048 038 ***150.00

DOCUMENT # P01000046033

1. Entity Name
TERRA BELLA CORP.

Principal Place of Business Mailing Address

19370 COLLINS AVENUE **19370 COLLINS AVENUE**
#504 **#504**
SUNNY ISLES, FL 33160 **SUNNY ISLES FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

5160 NW 165 St **5160 NW 165 St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL **Miami, FL**

Zip Country Zip Country

33014 **USA** **33014** **USA**

4. FEI Number Applied For

651103342 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

PLOTNIK, EVA **Adolfo Sergio Rascovsky**
1000 WEST ISLAND BLVD. #811 **19370 Collins Ave #504**
AVENTURA FL 33160 **Sunny Isles FL 33160**

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]* DATE: **01/18/2002**

Signature, typed by principal, partner or registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOTNIK, EVA 19370 COLLINS AVENUE #504 SUNNY ISLES FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adolfo Sergio Rascovsky 19370 Collins Ave #504 Sunny Isles, FL 33160
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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]* DATE: **01/18/2002** DAYTIME PHONE #: **(305) 474-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)