2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am P01000064266 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90025 003 ***150.00 TVENTAS USA, INC. Principal Place of Business Mailing Address 11300 NW 131 ST. 11300 NW 131 ST. MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable 7in Country Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, FRED J Street Address (P.O. Box Number is Not Acceptable) 11300 NW 131 ST. **MIAMI FL 33178** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change ☐ Addition NAME WRIGHT, FRED J NAME 11300 NW 131 ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME SOLAH, SAADIN STREET ADDRESS STREET ADDRESS JUAN DE ASCARAY 355, QUITO ECUADOR CITY-ST-ZIP CITY-ST-ZIP SOUTH AMERICA Change TITLE _ Delete ■ Addition NAME SOLAH, SAMIA STREET ADDRESS JUAN DE ASCARAY 355, QUITO ECUADOR STREET ADDRESS CITY-ST-ZIP **SOUTH AMERICA** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME wright, maria j NAME STREET ADDRESS 11300 NW 131 ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

J. WR/641

FILED

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