

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90240 004 \*\*\*150.00

DOCUMENT # P01000086127

1. Entity Name  
Terracini Sales Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
486 Brackenwood Ln S  
Suite, Apt. #, etc.

3. Mailing Address  
486 Brackenwood Ln S  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach Gardens FL  
Zip  
33418  
Country  
USA

4. FEI Number  
59-3741492  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Patricia Terracino  
Street Address (P.O. Box Number is Not Acceptable)  
486 Brackenwood Ln S  
City Palm Beach Gardens FL Zip Code 33418

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 re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	P Larry J Terracino 486 Brackenwood Ln S Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Patricia Terracino 486 Brackenwood Ln S Palm Beach Gardens FL 33418
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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 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 #

CR2E034B (12/01)