

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

2002 FILED

DOCUMENT # P01000100539

1. Entity Name
TIERRAS ANTIOQUEÑAS, INC.



03 MAR -7 PH 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15231 SW 80 ST

3. Mailing Address
15231 SW 80 ST

State, Apt. #, etc.
514

State, Apt. #, etc.
514

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
05-1147917

Applied For
Not Applicable

Zip
33193

Country
USA

Zip
33193

Country
USA

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
MARIN MARY SOL

Street Address (P.O. Box Number is Not Acceptable)
15231 SW 80 ST APT 514

City **MIAMI** FL Zip Code **33193**

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 *Mary Sol Marin*

100013638931
03/07/03--01011-012 **150.00

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$50.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when registering)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May be Added to Fees

10 OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARIN MARY SOL
15231 SW 80 ST APT 514
MIAMI FL 33193**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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100013638931
03/07/03--01011-013 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Sol Marin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 4

CR2E034B (12/02)

gr 517

TIERRAS ANTIOQUENAS, INC.
15231 SW 80 Street Apt 514
Miami, FL 33193

December 28, 2002

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: TIERRAS ANTIOQUENAS, INC.
DOCUMENT#: P01000100539

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Marin Mary Sol
Your cooperation is appreciated.

Sincerely,

Marin Mary Sol

MMS/re