

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90263 044 ***150.00

DOCUMENT # P02000017317

1. Entity Name
TERMON INC.



Principal Place of Business
1300 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address
1300 BRICKELL AVENUE
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-144-4688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONACO, LUIS
1300 BRICKELL AVENUE
MIAMI FL 33131

Name

Milagros Sanchez

Street Address (P.O. Box Number is Not Acceptable)

1300 Brickell Ave

City

Miami

FL

Zip Code

33131

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

4/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
MONACO, LUIS
STREET ADDRESS
1300 BRICKELL AVENUE
CITY-ST-ZIP
MIAMI FL 33131

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
PRESIDENT - DIRECTOR
NAME
LUIS FERRARO
STREET ADDRESS
1300 BRICKELL AVE
CITY-ST-ZIP
MIAMI FL 33131

☐ Change

☒ Addition

TITLE
DIRECTOR - SECRETARY
NAME
ATILIO BULLIOTY
STREET ADDRESS
1300 BRICKELL AVE
CITY-ST-ZIP
MIAMI FL 33131

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 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

LUIS MONACO

4/27/03

305-351-1000

Date

Daytime Phone #

CR2E034 (10/02)