


# **607 PROFIT CORPORATION** **UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 22 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>PD2000045863</b>	
1. Entity Name <b>Teramar Group, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>88 Corydon Dr</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Miami Springs, FL</b>	City & State	4. FEI Number <b>75-3079124</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33166</b>	Country <b>USA</b>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>George Teruel</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>88 Corydon Dr</b>	
City <b>Miami Springs</b>	FL Zip Code <b>33166</b>

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>George Teruel</b> <b>88 Corydon Dr</b> <b>Miami Springs, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700019747197</b> <b>05/22/03--01096--003 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Maria Teruel</b> <b>88 Corydon Dr</b> <b>Miami Springs, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **George Teruel** **05/12/03** **305-609-3355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)