

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

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 012 ***150.00

DOCUMENT # 1. Entity Name	PO6000121711
TERBOSS ENTERPRISE, INC.	

DO NOT WRITE IN THIS SPACE

40012481

2. Principal Place of Business 3380 NE 164TH ST Suite, Apt. #, etc.		3. Mailing Address 3380 NE 164TH ST Suite, Apt. #, etc.		4. FEI Number 06-1792988		Applied For Not Applicable	
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33160	Country US	Zip 33160	Country US				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TERBOSS, JOHN A 3380NE 164TH ST NORTH MIAMI BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERBOSS, SONIA, M 3380 NE 164TH ST NORTH MIAMI BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

John A. Terboss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN A. TERBOSS

1/23/08

Date

305493-1181

Daytime Phone #