

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050361

1. Entity Name

FLORIDA TERALEX CORP.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90019 014 ***150.00

Principal Place of Business

ONE S POINT DRIVE SUITE 2603
MIAMI BEACH F 3313
US

Mailing Address

~~2121 PONGE DE LEON BLVD~~
~~SUITE 920~~
~~CORAL GABLES FL 33134-5218~~
US

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

65-0424295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVESU, MANUEL M
2121 PONGE DE LEON BLVD SUITE 920
STE 3700
CORAL GABLES FL 33134

Name

Manuel M. Arvesu

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

201 Alhambra Circle
Suite 502

City

Coral Gables

FL

Zip Code

33134

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 reinstating)

DATE

2/11/2000

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME SVENSON, ALFRED
STREET ADDRESS ONE SO POINT DRIVE SUITE 2603
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

Date

Daytime Phone #

Alfred Svenson, 2/11/2000 305-442-2558

CR2E034 (9/99)