2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE AND TYPED OR PRINTED NAME O

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Apr 16, 2003 8:00 am Secretary of State P95000024322 DOCUMENT # 1. Entity Name 04-16-2003 90149 021 ***150.00 TERZAR ENTERPRISES, INC. Principa Place of Business Mailing Address 15481 SW 1998D-STREET U U U L U U V V 13727 SW 152 ST MIAMI FL 28187 264 MIAMI P 33187 2. Principal Place of Business 3. Mailing Address SW 1525F 72621 wz 13727 3つ みつ Suite, Apt. #, etc. Suite, Apt, #, etc. TO CHECK HERE IF MAKING CHANGES City & State 4. FE! Number Applied For 65-0570819 FIA meaml Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZARLI ZARLÎNG, TERRY J Address (P.O. Box Number is Not Acceptable) 15481 SW 153RD STREET MIAMLEL 33187 City miami 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PREC VERNITI Delete Change ☐ Addition TITLE TITLE ZATINY . TEVY , J. ZARLING, TERRY J NAME NAME sw 844 15481 SW 153RD STREET STREET ADDRESS 14741 STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP 33158 CITY-ST-7IP MIA Change ☐ Addition Delete TITLE TITLE ZArling, THYMY, J. ZARLING, TERRY J NAME NAME 1474 (SW 84 C+ STREET ADDRESS STREET ADDRESS 15481 SW 153RD STREET 16133(28) CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL 33187 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in

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