

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056031

1. Entity Name
TERRAG INTERNATIONAL, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90107 001 ***300.00

Principal Place of Business
280 SE 11TH STREET
POMPANO BCH FL 33060
US

Mailing Address
1511 E COMMERICAL BLVD
SUITE 128
FORT LAUDERDALE FL 33334-5717
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 70066
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33307

Country
USA

4. FEI Number
65-0597359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RENZ, HEINZ
280 SE 11TH STREET
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent
Name
Robert E. Murdoch
Street Address (P.O. Box Number is Not Acceptable)
790 E Broward Blvd. Suite 400
City
Fort Lauderdale FL Zip Code
33301

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 *Robert E. Murdoch* DATE 3/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHWYTER, HERMANN 1511 E COMMERICAL BLVD, STE 128 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JORDI, MARGARITHA 1511 E COMMERICAL BLVD STE 128 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHWYTER, HERMANN 1511 E. COMMERCIAL BLVD - #128 FT LAUDERDALE FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENZ, HEINZ 280 SE 11TH STREET POMPANO BCH FL 33060 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUISE ALBERT 280 SE 11th Street Pompano Beach, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Louise Albert* (954) 788-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)