

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90312 042 ***158.75

DOCUMENT # P96000003667

1. Entity Name
TERRABELLA COMMERCIAL, INC.



Principal Place of Business
21205 YACH 7 CLUB DR.
3103
AVENTURA FL 33180
US

Mailing Address
21205 YACH 7 CLUB DR.
3103
AVENTURA FL 33180
US



2. Principal Place of Business
17850 W. Dixie Hwy
Suite, Apt. #, etc.
#2B

3. Mailing Address
17850 W. Dixie Hwy
Suite, Apt. #, etc.
#2B

☐ CHECK HERE IF MAKING CHANGES

City & State
North Miami Beach, FL
Zip
33160
Country
USA

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North Miami Beach, FL
Zip
33160
Country
USA

4. FEI Number 65-0634476

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACHMAN, GUSTAVO
21205 YACHT CLUB DR #3103
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

17850 W. Dixie Hwy, #2B
City North Miami Beach FL Zip Code 33160

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 Gustavo Blachman, President 1/29/03
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	BLACHMAN, GUSTAVO	
STREET ADDRESS	21205 YACHT CLUB DR #3103	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BLACHMAN, MARINA	
STREET ADDRESS	22105 TACHT CLUB DR #3103	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blachman, Gustavo	
STREET ADDRESS	21205 Yacht club Dr., # 3103	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blachman, marina	
STREET ADDRESS	21205 Yacht club Dr., #3103	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gustavo Blachman, Pres. 1/29/03 305933-3022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)