

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90207 004 ***150.00

DOCUMENT # **P96000024955**

1. Entity Name
TERRA NOVA USA, INC.



Principal Place of Business
**430 GRAND BAY DRIVE
#607
KEY BISCAYNE FL 33149**

Mailing Address
**430 GRAND BAY DRIVE
#607
KEY BISCAYNE FL 33149**

2. Principal Place of Business
16400 NW 15th AVENUE

3. Mailing Address
304 Palermo Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FIRST FLOOR

☒ CHECK HERE IF MAKING CHANGES



City & State
MIAMI, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number **65-0651855**

Applied For
Not Applicable

Zip
33169

Country
U.S.A

Zip
33134

Country
U.S.A

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

6. Name and Address of Current Registered Agent

**GOMEZ, VIOLETA
430 GRAND BAY DRIVE
#607
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name **ANA L. MOFFAT**
Street Address (P.O. Box Number is Not Acceptable)
**MOFFAT, BEASLEY CO. CPA's
304 PALERMO STREET, FIRST FLOOR
Coral Gables FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GOMEZ VIOLETA** **4.25.03**
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 NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MANUEL 430 GRAND BAY DRIVE #607 KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, VIOLETA 430 GRAND BAY DRIVE #607 KEY BISCAYNE FL 33149	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 304 Palermo Street, First Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARMEN GÓMEZ 304 PALERMO STREET, FIRST FLOOR Coral Gables, Florida 33134
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **4.25.03** **305 444 4868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)