

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037649

1. Entity Name  
**TERRA FIRMA, INC.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90018 019 \*\*\*150.00

Principal Place of Business

7620 SW 170 ST  
MIAMI FL 33157

Mailing Address

7620 SW 170 ST  
MIAMI FL 33157

2. Principal Place of Business

**5 BLAKE COURT**

Suite, Apt. #, etc.

City & State  
**PALM COAST, FL**

Zip  
**32137**

Country  
**U.S.**

3. Mailing Address

**5 BLAKE COURT**

Suite, Apt. #, etc.

City & State  
**PALM COAST, FL**

Zip  
**32137**

Country  
**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0680568**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMATY, RONALD E**  
**7620 SW 170 ST**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent

**RONALD E. HAMATY**

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

**5 BLAKE COURT**

**PALM COAST**

**FL**

**32137**

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  
*Ronald E Hamaty*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/01**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAMATY, RONALD E</b>	
STREET ADDRESS	<b>7620 SW 170 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HAMATY, CLAUDIA H</b>	
STREET ADDRESS	<b>7620 SW 170TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5 BLAKE COURT</b>
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5 BLAKE COURT</b>
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>
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	

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 trustee 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  
*Ronald E Hamaty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/01** **386-447-3687**

CR2E034 (10/00)