2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000054833

DOCUMENT # 1. Entity Name

TERRA E MARE CORP. OF SO

DUTH FLORIDA	
Mailing Address	

FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90159 021 ***563.75

Principal Place of Business 8825 SW 64 COURT MIAMI FL 33156 Mailing Address 8825 SW 64 COURT MIAMI FL 33156									**************************************			
2. Principal Place of Business			3. Ma	3. Mailing Address				(18841884 118 18111 18311 8 8 111 8	18111 4 8111 6818 1 1	(1))) 0:00) { 0:00	111 60 (111 1 00 1	
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State		4.	FEI Number 65-077812	5		plied For at Applicable		
Zip		Country	Zìp	Zip Country				Certificate of Status Desired	Light 1	8.75 Add ee Require		
	6. Name	and Addres	of Current Register	ed Agent		Nome	7. 1	Name and Address of New				
MANOTAS, MAGDALENA 8825 SW 64 COURT				Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL	33136				,	- City			FL	Zip Code	e .	
	named entity ions of regist		statement for the purp	oose of changing its	registere	d office or re	gistered ag	ent, or both, in the State of F	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of	registered agent and title if ap-	plicable. (NOT	E: Registered	Agent signature	required when re	einstating)	DATE			
After Ser		2003 Fee v	550.00 vill be \$750.00 partment of State		· ·		-	9. Election Campaign F Trust Fund Contribution			0 May Be to Fees	
10.		OFF	ICERS AND DIRECTO	DRS	11.		AD	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, MAGDALE 64 COURT 33156	:NA	☐ Delete	•	I			·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete	1					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		f				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.