

2000 UNIFORM BUSINESS REPORT (UBR)

6-01-00

DOCUMENT # P97000070536

1. Entity Name
TERE T. CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 PM 2:21

Principal Place of Business ... NW, 7TH STREET FL 33125	Mailing Address 3300 NW, 7TH STREET MIAMI FL 33125
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE
04/21/00 90185 003 150.00
4. FEI Number 65-0778537 Applied For Not Applicable

6. Name and Address of Current Registered Agent
CORRALES, TERESITA
11230 S.W. 47TH TERRACE
MIAMI FL 33165

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Applicable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$160.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORRALES, TERESITA 11230 S.W. 47TH TERRACE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORRALES, MARIO 11230 S.W. 47TH TERRACE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: _____ Date: 04-13-2002

CR2004 (9/99)

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