

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075251 (3)

1. Entity Name
TIERRA FINA, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90184 035 ***158.75

Principal Place of Business

Mailing Address

00030506

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5750 US 1 NORTH

3. Mailing Address
1093 AIA BEACH BLV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 151

City & State
ST. AUGUSTINE FL

City & State
ST. AUGUSTINE FL

4. FEI Number
59-3466280

Applied For
Not Applicable

Zip
32095

Country
ST. JOHNS

Zip
32084

Country
ST. JOHNS

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **PEREZ-ANDREU, FRANK**

Street Address P.O. Box Number is Not Applicable
5750 US 1 NORTH

City **ST. AUGUSTINE** FL **32095**

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 *Frank Perez Andreu*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/23/2000**

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, 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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-ANDREU, FRANK
STREET ADDRESS	5750 US 1 NORTH
CITY-ST-ZIP	ST. AUGUSTINE, FLORIDA 32095
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V.S.T.
STREET ADDRESS	HAILE YON L
CITY-ST-ZIP	5750 US 1 NORTH
	ST. AUGUSTINE, FLORIDA 32095
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-2080507

CR2E034 (9/99)