

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086775

1. Entity Name
TERUMICHI INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90173 032 ***150.00

Principal Place of Business

9487 N.W. 12TH STREET
MIAMI FL 33172

Mailing Address

9487 N.W. 12TH STREET
MIAMI FL 33172

2. Principal Place of Business

7920 N.W. 21 STREET
Suite, Apt. #, etc.

3. Mailing Address

7920 N.W. 21 STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0786923

Applied For
Not Applicable

Zip
33122

Country
MIAMI-DADE

Zip
33122

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABDALLA, EVELINE
9487 NW 12 STREET
MIAMI FL 33172

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ABDALLA, EVELINE
CITY-ST-ZIP 9487 NW 12 STREET
MIAMI FL 33172

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7920 N.W. 21 STREET
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME D
STREET ADDRESS SHIRLEY, CINTIA
CITY-ST-ZIP 9487 NW 12 STREET
MIAMI FL 33172

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7920 NW 21 STREET
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Shirley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-16-01 35-951764

CR2E034 (10/00)