

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # **P98000028846**
 1. Entity Name
TERRACE OCEANSIDE, INC ✓

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 26 PM 5:31

Principal Place of Business Mailing Address
1960 S. Ocean Dr
Hallandale FL 33009

2. Principal Place of Business 3. Mailing Address
1960 S. Ocean Dr
 Suite, Apt. #, etc.
 City & State **Hallandale FL**
 Zip **33009** Country **USA**

4. FEI Number **52-2094610**
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
 Applied For Not Applicable

6. Name and Address of Current Registered Agent
STEVEN NEWMAN
1960 S. Ocean Dr
Hallandale, FL 33009

7. Name and Address of New Registered Agent
 Name **ANDREW ROSEN**
 Street Address (P.O. Box Number is Not Acceptable)
1960 S. Ocean Dr
 City **Hallandale** **FL** Zip Code **33009**

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 **ANDREW ROSEN, pres** **5/17/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	Steven Newman 1904 S. Ocean Dr 1001 S. Hallandale FL 33009
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ANDREW ROSEN 611 SE 13th St # 102 DANIA, FL 33004
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	600003328706 -07/19/00-01/19-003 *****61.25 *****61.25
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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: **ANDREW ROSEN, pres** **5/16/00** **954 457-9444**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)