

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097072

1. Entity Name

TERRANOVA CONSULTING, INC.

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90093 033 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.  
SUITE 1215  
MIAMI FL 33133

2601 S. BAYSHORE DR.  
SUITE 1215  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

3191 CORAL WAY  
Suite, Apt. #, etc.

3191 CORAL WAY  
Suite, Apt. #, etc.

SUITE 104  
City & State

SUITE 104  
City & State

MIAMI - FLORIDA

MIAMI - FLORIDA

Zip Country  
33145 EEUU

Zip Country  
33145 EEUU

6. Name and Address of Current Registered Agent

4. FEI Number 65-0878614

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

CORPORATION COMPANY  
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER  
MIAMI FL 33131

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 ARTURO, VINUEZA  
CITY-ST-ZIP 2601 S. BAYSHORE DR., STE 1215  
MIAMI FL 33133

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CUESTA, SANTIAGO  
CITY-ST-ZIP 2601 S. BAYSHORE DR., STE 1215  
MIAMI FL 33133

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CORREDERA, BARTON  
CITY-ST-ZIP 2601 S. BAYSHORE DR., STE 1215  
MIAMI FL 33133

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

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  
NAME  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 95-6488787

Date

Daytime Phone #

CR2E034 (10/00)