

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000035964**

1. Entity Name

TERLATO PROPERTIES, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90030 044 ***150.00

Principal Place of Business

Mailing Address

5206 CAREY ROAD
TAMPA FL 33625**5206 CAREY ROAD**
TAMPA FL 33625

2. Principal Place of Business

5206 CAREY RD

Suite, Apt. #, etc.

3. Mailing Address

5206 CAREY RD

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

Zip

33624

Country

4. FEI Number

59-3570440

Applied For

Not Applicable

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

TERLATO, MARIO
C/O TERLATO PROPERTIES, INC.
5206 CAREY RD.
TAMPA FL 33624

Name

TERLATO PROPERTIES INC.

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

5206 CAREY RD**TAMPA****FL****33624**

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

2-24-019. 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 State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TERLATO, MARIO	5206 CAREY ROAD	TAMPA FL 33625							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

2-24-01

CR2E034 (10/00)