2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
09-06-2000 90090 037 ***158.75

DOCUMENT # P99000046524

1. Entity Name

TERNA PUBLISHING CORP.

Principal Place of Business	Mailing Address
11219 SW 114 LN CIR. MIAMI, FL. 33176	11219 SW 114 LN CIR. MIAMI, FL. 33176

A0075414

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0924505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GISELLE DELGADO 11219 SW 114 LN. CIR. MIAMI, FL. 33176	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent) 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, 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 STREET ADDRESS CITY-ST-ZIP	D GISELLE DELGADO 11219 SW 114 LN CIR. MIAMI, FL. 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: GISELLE DELGADO/DIRECTOR 5/02/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachment
DH P99000046524
A00754/4

TERNA PUBLISHING CORP.
11219 SW 114 LANE CIRCLE
MIAMI, FL. 33176
305-971-9117

May 2, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32303-1500

Dear Sirs:

Please find a copy of a 2000 UBR form with payment. I did not receive the original form before the due date. Please accept this copy and a request to overwrite the additional $400.00 late filing fee.

Your kind attention to this matter is greatly appreciated.

Sincerely,

Giselle Delgado,
Director