

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051818

1. Entity Name

TERRANET INVESTMENTS, INC.

Property Plus Investments, Inc.

nc done
6/23/00

FILED

00 JUL 11 PM 4: 32

5/17/00 SECRETARY OF STATE
TALLAHASSEE, FLORIDA \$150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9378 ARLINGTON EXPRESSWAY
SUITE 83
JACKSONVILLE FL 32225

9378 ARLINGTON EXPRESSWAY
SUITE 83
JACKSONVILLE FL 32225-8213

2. Principal Place of Business

9951 ATLANTIC BLVD.

3. Mailing Address

Suite, Apt. #, etc.

231

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

593009576

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAZO, MIGUEL P
9378 ARLINGTON EXPRESSWAY
SUITE 83
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

JORGE A. SUAZO

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

9378 ARLINGTON EXPRESSWAY, SUITE 83

City

JACKSONVILLE

FL

Zip Code

32225

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

April 03, 2000

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 CYNTHIA H. RUSSO, V.P. ☐ Delete
STREET ADDRESS 517 7TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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 807, 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
CYNTHIA H. RUSSO, V.P.

Date 4/3/00 Daytime Phone # (904) 241-0111

CR2E034 (9/99)