

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054716

1. Entity Name

TERRA DATA RESEARCH COMPANY

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90152 016 ***150.00

Principal Place of Business

Mailing Address

95 MERRICK WAY
CORAL GABLES FL 33134

95 MERRICK WAY
CORAL GABLES FL 33134-5323

2. Principal Place of Business

3. Mailing Address

95 Merrick Way

95 Merrick Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 320

Suite 320

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number

65-0931008

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

SILVA, LORRAINE D
95 MERRICK WAY, Suite 320
CORAL GABLES FL 33134

Name

SAME

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]

4/13/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Lorraine D. Silva
95 Merrick Way, Suite 320
Coral Gables, FL 33134

☐ Delete

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

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☐ 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:

[Signature]

Lorraine D. Silva

April 13, 2000

(305) 448-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)