

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060928

1. Entity Name
LA TERRACE PROJECT, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90123 048 ***150.00

Principal Place of Business
3042 N FEDERAL HWY
200
FORT LAUDERDALE FL 33306

Mailing Address
3042 N FEDERAL HWY
200
FORT LAUDERDALE FL 33306

2. Principal Place of Business
701 SE 2nd Court
Suite, Apt. #, etc.

3. Mailing Address
701 S.E. 2nd Court
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL
Zip
33301
Country
USA

City & State
Fort Lauderdale, FL
Zip
33301
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932499 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PTITO, FRANKLIN M
3042 N FEDERAL HWY
200
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
Name
PTITO, Franklin M.
Street Address (P.O. Box Number is Not Acceptable)
701 SE 2nd Court
City
Fort Lauderdale FL Zip Code
33301

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 Franklin Ptitto 4-23-2001
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD PTITO, FRANKLIN M 3042 N FEDERAL HWY 200 FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ptitto, Franklin M. 3042 N. Federal Hwy Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplied with this 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 my address, with all other like empowered.

SIGNATURE: Franklin Ptitto 4-23-01 954-523-1299
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (10/00)