2000 UNIFORM BUSINESS REPORT (UBR)

5/17/00-90961-014-$150.00-$150.00

DOCUMENT # P99000162460

Entity Name

Terra Straniera, Inc.

FILED

00 JUL 10 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0061114

Principal Place of Business	Mailing Address
1 E. Klosterman Rd. 22 pon Springs, FL 699	861 E. Klosterman Rd. #122 Tarpon Springs, FL 34689

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3609333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

porate Creations Enterprises, Inc.
l Fourth Street #200
l Beach, FL 33139

7. Name and Address of New Registered Agent

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 reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Director: William J. Beggs 333 6th Ave. Indian Rocks Beach, FL 33785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ziere Zwiep 296 Cornwallis Road Ancaster, Ontario, Canada L9G3Y8 ☐ Change ☒ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Z Zwiep April 27/2000 905-648-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #