

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94160

1. Entity Name
TERRA MAR CONSTRUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -13 PM 4:44

Principal Place of Business
1853 S SR 7
FT LAUDERDALE FL 33317
US

Mailing Address
1853 S SR 7
FT LAUDERDALE FL 33317
US

2. Principal Place of Business
6856 SW 22 STREET
Suite, Apt. #, etc.

3. Mailing Address
6856 SW 22 STREET
Suite, Apt. #, etc.



REINSTATEMENT DO NOT WRITE IN THIS SPACE 00

City & State
MIRAMAR FLORIDA

City & State
MIRAMAR FLORIDA

Zip
33023

Country
USA

Zip
33023

Country
USA

4. FEI Number
65-0300151

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
BABOOLAL, SHARMA
6859 SW 22ND ST.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent
Name
N N
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 *Sharma Baboolal* SHARMA BABOOLAL (PRESIDENT) 12-11-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BABOOLAL, SHARMA	
STREET ADDRESS	6850 SW 22ND ST.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WYNTER, DERRICK	
STREET ADDRESS	4006 S.W. 68TH WAY	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASAAD AKAR	
STREET ADDRESS	4711-NW 14 Street	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAIRAM SEEOBIN	
STREET ADDRESS	6040 Shakerwoods Circle	
CITY-ST-ZIP	Building D Unit 105 Tamarac, Fl. 33319	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	000003509520--7	
STREET ADDRESS	-12/21/00--01002--024	
CITY-ST-ZIP	****763.75 ****763.75	
TITLE	XVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXX XXXXXXXX	
STREET ADDRESS	XXXXXX XXXXXXXX	
CITY-ST-ZIP	XXXXXX XXXXXXXX	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: *Sharma Baboolal* SHARMA BABOOLAL (PRESIDENT) 12/1/00 954-309-9954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954-895-0800

CR2E034 (5/00)