## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # M43718** TOWERS D-1007, INC. 05-02-2001 90170 018 \*\*\*150.00 Principal Place of Business Mailing Address % SUTERRA CORPORATION % SUTERRA CORPORATION 8750 N.W. 36 STREET, SUITE 200 8750 N.W. 36 STREET. SUITE 200 MIAM! FL 33178 MIAMI FL 33178 US 2. Principal Place of Business 3. Mailing Address 417 E. Sheridan Street 417 E. Sheridan Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #129 #129 City & State City & State Applied For 4. FEI Number 59-2818489 Not Applicable Dania Beach, Florida Dania Beach, Florida Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33004-4603 33004-4603 ·USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Milly Del Valle, c/o Sage Solutions Inc. DEL VALLE, MILLY Street Address (P.O. Box Number is Not Acceptable) % SUTERRA CORPORATION 8750 N.W. 36 STREET, SUITE 200 417 E. Sheridan Street, #129 **MIAMI FL 33178** Zip Code 3004-4603 City Dania Beach 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, typed or printed name of red FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 VTS X Change ☐ Addition TITLE ☐ Delete TITLE Ψ, DEL VALLE, MILLY.... II NAME Del Valle, Milly NAME 8750 NW 36TH ST, SUITE 200 STREET ADDRESS STREET ADDRESS 417 E. Sheridan Street, #129 CITY-ST-ZIP CITY-ST-7IP Miami Fl Dania Beach, Florida 33004-4603 Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR