

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90006 028 ***150.00

DOCUMENT # **P95000077404**

1. Entity Name
Eighth Floor Services, Inc.

Principal Place of Business
**3191 Coral way
 Suite 800
 Miami Fl 33145**

Mailing Address
**3191 Coral way
 Suite 800
 Miami Fl 33145**

2. Principal Place of Business
**999 Bnc de Leon Blvd
 Suite, Apt. #, etc.
 PH 1120**

3. Mailing Address
**999 Bnc de Leon Blvd
 Suite, Apt. #, etc.
 PH 1120**

City & State
Coral Gables Fl

City & State
Coral Gables Fl

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number **65-0612215**

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jose C. Bofill
3191 Coral way, Suite 800
Miami Fl 33145

7. Name and Address of New Registered Agent

Name **Jose C. Bofill**

Street Address (P.O. Box Number is Not Acceptable)
999 Bnc de Leon Blvd. PH 1120

City **Coral Gables** FL Zip Code **33134**

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Jose C. Bofill, Pres.**

4/23/01
 DATE

(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, 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

| | | |
|------------------|-----------------------------|---------------------------------|
| TITLE P/D | Jose C. Bofill | <input type="checkbox"/> Delete |
| NAME | 3191 Coral way, #800 | |
| STREET ADDRESS | Miami Fl 33145 | |
| CITY-ST-ZIP | | |
| TITLE V/D | Patrick Vilar | <input type="checkbox"/> Delete |
| NAME | 3191 Coral way, #800 | |
| STREET ADDRESS | Miami Fl 33145 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------|--------------------------------------|--|
| TITLE P/D | Jose C. Bofill | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 999 Bnc de Leon Blvd, PH 1120 | |
| STREET ADDRESS | Coral Gables Fl 33134 | |
| CITY-ST-ZIP | | |
| TITLE V/D | Patrick Vilar | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 999 Bnc de Leon Blvd, PH 1120 | |
| STREET ADDRESS | Coral Gables Fl 33134 | |
| CITY-ST-ZIP | | |
| TITLE S/D | Ana M. Veliz | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 999 Bnc de Leon Blvd, PH 1120 | |
| STREET ADDRESS | Coral Gables Fl 33134 | |
| CITY-ST-ZIP | | |
| TITLE T/O | L. Michael Paffins | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 999 Bnc de Leon Blvd, PH 1120 | |
| STREET ADDRESS | Coral Gables Fl 33134 | |
| CITY-ST-ZIP | | |
| 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: **Ana M. Veliz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana M. Veliz, Director

4/24/01 (305) 446-2200

Daytime Phone #

CR2E034 (11/00)