

2000 UNIFORM BUSINESS REPORT (UBR)

020804

DOCUMENT # K60908

1. Entity Name

ECLIPSE INVESTMENTS INCORPORATED

FILED

00 MAR 14 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134
US

3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134 7239
US

2. Principal Place of Business

c/o RJS 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State
Miami, Florida

Zip
33131

Country

3. Mailing Address

c/o RJS 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State
Miami, Florida

Zip
33131

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0095349

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLE, JOSE
3200 PONCE DE LEON BLVD
2ND FLOOR
CORAL GABLES FL 33134

Name
Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., Suite 1500

City Miami FL Zip Code 33131

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.

CORPORATION COMPANY OF MIAMI

SIGNATURE By: Lalaine A. Landau Lalaine A. Landau, Asst. Secretary 2/28/00
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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Delete
NAME VALLE, JOSE
STREET ADDRESS 3200 PONCE DE LEON BLVD 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL

TITLE D/P/S/T ☒ Change ☐ Addition
NAME Linburgh Martin
STREET ADDRESS c/o RJS 201 S. Biscayne Blvd., #1500
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003179454--4
-03/22/00--01027--010
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
KE

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: Linburgh Martin February 18, 2000 345 949 8455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)