

# 2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # M43714

1. Entity Name

TOWERS B-408, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90064 047 \*\*\*150.00

Principal Place of Business

% SUTERRA CORPORATION  
8750 N.W. 36 STREET, SUITE 200  
MIAMI FL 33178  
US

Mailing Address

% SUTERRA CORPORATION  
8750 N.W. 36 STREET, SUITE 200  
MIAMI FL 33178-2499  
US

2. Principal Place of Business

3510 Coral Way

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33145

Country

USA

3. Mailing Address

3510 Coral Way

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33145

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2818484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEL VALLE, MILLY  
% SUTERRA CORPORATION  
8750 N.W. 36 STREET, SUITE 200  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name  
Mr. Dario Restrepo  
Street Address (P.O. Box Number is Not Acceptable)

3510 Coral Way Suite 200

City

Miami

FL

Zip Code  
33145

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

Signature, typed or printed name of registered agent and fee is applicable.

Dario Restrepo

March 31, 2000

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, 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

TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	DEL VALLE, MILLY	
STREET ADDRESS	8750 NW 36 ST SUITE 200	
CITY-ST-ZIP	MIAMI FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHAVARRIA, ANDRES	
STREET ADDRESS	Jacaranda Post Net #01-101601	
CITY-ST-ZIP	PO Box 02-5488 MIAMI, FL 33102-5488	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHAVARRIA, JUAN MANUEL	
STREET ADDRESS	Jacaranda Post Net #01-101601	
CITY-ST-ZIP	PO Box 02-5488 MIAMI, FL 33102-5488	
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		
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:

*Signature of Andres Echavarria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres Echavarria

March 31, 2000

Date

305-445-9555  
Daytime Phone #

CR2E034 (9/99)