## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ **DOCUMENT # M43717** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name TOWERS C-705, INC. 04-07-2000 90064 046 \*\*\*150.00 Mailing Address Principal Place of Business % SUTERRA CORPORATION % SUTERRA CORPORATION 8750 NW 36 ST., SUITE 200 8750 NW 36 ST., SUITE 200 MIAMI FL 33178 MIAMI FL 33178-2499 2. Principal Place of Business 3. Mailing Address 3510 Coral Way 3510 Coral Way Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 210 Suite 210 City & State Applied For City & State 4. FEI Number 59-2818482 Miami, Florida Not Applicable Miami, Florida Zip Country Zip Country \$8.75, Additional 5. Certificate of Status Desired Fee Required 33145 33145 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mr. Dario Restrepo DEL VALLE, MILLY Street Address (P.O. Box Number is Not Acceptable) % SUTERRA CORPORATION 8750 NW 36 ST., SUITE 200 3510 Coral Way Suite 210 **MIAMI FL 33178** Zip Code 33145 Miami 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. Milly Del Valle March 31, 2000 SIGNATURE 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, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ┰ OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D **XX**Change ☐ Addition TITLE Delete TITLE NAME DEL VALLE MILLY ECHAVARRIA, ANDRES STREET ADDRESS Post Net #01-101601 STREET ADDRESS 8750 NW 36 ST SUITE 200 Jacaranda CITY-ST-ZIP CITY-ST-ZIP PO Box 02-5488 Miami, F1 33102-5488 MIAMI-FL **XX**ange ☐ Addition ☐ Delete TITLE TITLE ECHAVARRIA, JUAN MANUEL NAME STREET ADDRESS STREET ADDRESS Post Net #01-101601 Jacaranda CITY-ST-ZIP CITY-ST-ZIP PO Box 02-5488 Miami, F1 33102-5488 ☐ Addition ☐ Delete TITLE TITLE 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-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Andres Echavarria March 31, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

changed, or on an attachment with an address, with all other like empowered.