

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90058 007 \*\*\*150.00

**DOCUMENT # M43723**

1. Entity Name  
**CYPRESS LAKE CORPORATION**

Principal Place of Business <b>% SUTERRA CORPORATION</b> <b>8750 NW 36TH STREET, SUITE 200</b> <b>MIAMI FL 33178</b> <b>US</b>	Mailing Address <b>C/O SUTERRA CORPORATION</b> <b>8750 NW 36TH ST STE 200</b> <b>MIAMI FL 33178-2499</b> <b>US</b>
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725094



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3510 Coral Way</b> Suite, Apt. #, etc. <b>Suite 210</b> City & State <b>Miami, Florida</b> Zip <b>33145</b>	3. Mailing Address <b>3510 Coral Way</b> Suite, Apt. #, etc. <b>Suite 210</b> City & State <b>Miami, Florida</b> Zip <b>33145</b> Country <b>USA</b>
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4. FEI Number <b>59-2818495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**DEL VALLE, MILLY**  
**% SUTERRA CORPORATION**  
**8750 NW 36TH 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 210**  
 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 *Milly Del Valle* **Milly Del Valle** **April 25, 2000**  
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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ...</b> <b>Juan Manuel Echavarria</b> <b>Jacaranda Post Net #01-101601</b> <b>PO Box 02-5488 Miami, FL 33102-5488</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Enrique Garces</b> <b>Jacaranda Post Net #01-101601</b> <b>PO Box 02-5488 Miami, FL 33102-5488</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>John Jairo Pelaez</b> <b>Jacaranda Post Net #01-101601</b> <b>PO Box 02-5488 Miami, FL 33102-5488</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Milly Del Valle* **Milly Del Valle** **4/25/2000** **305 591 5999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)