

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 002 ***150.00

DOCUMENT # P93000010573

1. Entity Name

8500 HOLDING COMPANY

Principal Place of Business

Mailing Address

5900 SW 73 ST C/O White & Case
 STE 102 200 S.Biscayne Blvd.
 MIAMI FL 33143 Suite 4900
 N Miami, FL. 33131

5900 SW 73 ST C/O White & Case
 STE 102 200 S.Biscayne Blvd. Suite 4900
 MIAMI FL 33143-5149
 N Miami, FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O White & Case

C/O White & Case

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200 S.Biscayne Blvd. Suite 4900 **200 S.Biscayne Blvd. Suite 4900**

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-0428773

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

WALKER, H. WILLIAM JR
WHITE & CASE
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

Name **Emilio J. Alvarez-Farre**

Street Address (P.O. Box Number is Not Acceptable)
C/O White & Case

200 S.Biscayne Blvd. Suite 4900

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.

SIGNATURE

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 Delete
 NAME **DPST**
 STREET ADDRESS **EDWARDS, ISABEL**
 CITY-ST-ZIP **5900 SW 73 ST- STE 102**
MIAMI FL 33143

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **Secretary & Treasurer**
 STREET ADDRESS **PEDRO PULGAR**
 CITY-ST-ZIP **14 SERENITY LANE,**
COS-COB, CT. 06807

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 3 2000 (203) 629-4910

CR2E034 (9/99)