

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0151335

DOCUMENT # P93000010573

1. Entity Name
8500 HOLDING COMPANY

04-10-2001 90017 042 ***150.00

Principal Place of Business C/O WHITE & CASE 200 S BISCAYNE BLVD STE 4900 MIAMI FL 33131	Mailing Address C/O WHITE & CASE 200 S BISCAYNE BLVD STE 4900 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

**ALVAREZ-FARRE, EMILIO J
 C/O WHITE & CASE
 200 S BISCAYNE BLVD SUITE 4900
 MIAMI FL 33131**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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 EDWARDS, ISABEL**
 STREET ADDRESS **5900 SW 73 ST- STE 102**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME **President EDWARDS, ISABEL**
 STREET ADDRESS **8500 S.W. 54th Avenue**
 CITY-ST-ZIP **Miami, FL 33143**

TITLE Delete
 NAME **ST PULGAR, PEDRO**
 STREET ADDRESS **14 SERENITY LANE**
 CITY-ST-ZIP **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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary **Apr 4, 2001**
 Date Daytime Phone #

CR2E034 (10/00)