

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90328 027 \*\*\*150.00

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**DOCUMENT # P93000010573**

1. Entity Name  
**8500 HOLDING COMPANY**



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**

11000001



2. Principal Place of Business  
**8500 SW 54th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**% el mercurio**  
Suite, Apt. #, etc.  
**39 Lewis Street 4th Floor**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Greenwich, CT**

4. FEI Number  
**65-0428773**

Applied For  
Not Applicable

Zip  
**33143** Country  
**Miami-Dade**

Zip  
**06830** Country  
**Fairfield**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT EDWARDS, ISABEL 8500 S W 54TH AVENUE MIAMI FL 33143</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SUERO, JOSE CARLOS 39 LEWIS STREET, 4TH FLOOR GREENWICH CT 06830</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Carlos Suero* April 28, 2003 Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)