

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012792

1. Entity Name

KINGSTON SQUARE CORPORATION

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90064 044 ***150.00

Principal Place of Business

% SUTERRA CORPORATION
8750 NW 36 STREET, SUITE 200
MIAMI FL 33178
US

Mailing Address

% SUTERRA CORPORATION
8750 NW 36 STREET, SUITE 200
MIAMI FL 33178-2499
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3510 Coral Way

Suite, Apt. #, etc.

Suite 210

City & State

Miami, Florida

Zip

33145

Country

USA

3. Mailing Address

3510 Coral Way

Suite, Apt. #, etc.

Suite 210

City & State

Miami, Florida

Zip

33145

Country

USA

4. FEI Number

65-0391020

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

DEL VALLE, MILLY
% SUTERRA CORPORATION
8750 NW 36 STREET, SUITE 200
MIAMI FL 33178

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

March 31, 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	<input checked="" type="checkbox"/> Delete
VT	DEL VALLE, MILLY	8750 NW 36ST SUITE 200	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	ECHAVARRIA, ANDRES	Jacaranda Post Net #01-101601	PO Box 02-5488 Miami, FL 33102-5488	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ECHAVARRIA, JUAN MANUEL	Jacaranda Post Net #01-101601	PO Box 02-5488 Miami, FL 33102-5488	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

Andres Echavarria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres Echavarria March 31, 2000 305-445-9555

Date

Daytime Phone #

CR2E034 (9/99)