

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90283 009 \*\*\*150.00

**DOCUMENT # P99000004569**

1. Entity Name  
**8B8 (USA) INC.**

Principal Place of Business  
**ONE EAST BROWARD BLVD.**  
**SUITE 1300**  
**FORT LAUDERDALE FL 33301**

Mailing Address  
**701 BRICKELL AVENUE**  
**SUITE 3000**  
**MIAMI FL 33131**

**C0039742**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8180 NW 36 ST.**

3. Mailing Address  
**P.O. Box 527761**

Suite, Apt. #, etc.  
**404**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-0908327**

Applied For  
 Not Applicable

Zip Country  
**33166 U.S.**

Zip Country  
**33152 U.S.**

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

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE.**  
**SUITE 3000**  
**MIAMI FL 33131**

Name **IAN ERIK ILLEMAN**

Street Address (P.O. Box Number is Not Acceptable)

**5581 NW 112 AVE, #102**

City **MIAMI FL** Zip Code **33178**

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 **IAN ERIK ILLEMAN**

(NOTE: Registered Agent signature required when reinstating)

**MARCH 29, 2001**

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, 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 **DPST** ☐ Delete  
 NAME **ILLEMAN, IAN ERIK**  
 STREET ADDRESS **5274 NW 114TH AVE., APT 102**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition  
 NAME **8180 NW 36 ST. STE 404**  
 STREET ADDRESS **Miami, FL**  
 CITY-ST-ZIP **33166**

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

**IAN ERIK ILLEMAN**

Date

Daytime Phone #

**MARCH 29, 2001**

CR2E034 (10/00)