

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60138

1. Entity Name
290 HARBOR DRIVE CORPORATION

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90100 016 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

417 E. Sheridan Street

Suite, Apt. #, etc.

#129

City & State

Dania Beach, Florida

Zip

Country

33004-4603 USA

3. Mailing Address

417 E. Sheridan Street

Suite, Apt. #, etc.

#129

City & State

Dania Beach, Florida

Zip

Country

33004-4603 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0302258

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 ST SUITE 200
MIAMI FL 33178

Name
Milly Del Valle, c/o Sage Solutions Inc.

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

417 E. Sheridan Street, #129

City

Dania Beach,

FL

Zip Code

33004-4603

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

4/27/2001

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VT DEL VALLE, MILLY 8750 NW 36 ST STE 200 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Del Valle, Milly 417 E. Sheridan Street, #129 Dania Beach, Florida 33004-4603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Callan, Gerda 11767 S. Dixie Hwy. #115 Miami, Florida 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)