

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006511

1. Entity Name

COTIA (USA) LTD., INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90029 011 ***150.00

Principal Place of Business

Mailing Address

375 PARK AVENUE, SUITE 2504
NEW YORK NY 10152

375 PARK AVENUE, SUITE 2504
NEW YORK NY 10152

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

133887190

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

Name

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

City

FL

Zip Code

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	P	☐ Delete
NAME	DA SILVA PAES, EDSON	
STREET ADDRESS	375 PARK AVENUE, SUITE 2504	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VD	☐ Delete
NAME	DE LIMA MENGE, FERNANDO	
STREET ADDRESS	375 PARK AVENUE, SUITE 2504	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VD	☐ Delete
NAME	MANGABERIA ALBERNAZ, EDUARDO	
STREET ADDRESS	375 PARK AVENUE, SUITE 2504	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	V	☐ Delete
NAME	GOSSON, MARLI TEREZINH S	
STREET ADDRESS	375 PARK AVENUE, SUITE 2504	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	S	☐ Delete
NAME	LUIS REIS, ROBSON	
STREET ADDRESS	375 PARK AVENUE, SUITE 2504	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Edson Paes

Feb 08, 01 (212) 7150456

Date

Daytime Phone #

CR2E034 (10/00)