

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90343 005 ***150.00

DOCUMENT # P00000077563

1. Entity Name
BOTAS BOTS CORPORATION

Principal Place of Business: **7166 N.W. 50 STREET MIAMI FL 33166**
 Mailing Address: **7166 N.W. 50 STREET MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1089631**

Applied For
 Not Applicable

Zip Country

Zip Country

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

NATIONSCORP. REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name: **Braulio Botero**
 Street Address (P.O. Box Number is Not Acceptable): **13406 Meadowfield dr**
 City: **Orlando FL** Zip Code: **32824**

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

(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.

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2002 Fee will be \$550.00~~
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTERO, BRAULIO CALLE 60 NO. 66-12 BOSQUE POPULAR VOLOMBIZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MARINA CALLE 60 NO. 66-12 BOSQUE POPULAR VOLOMBIZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COY, PATRICIA CALLE 60 NO. 66-12 BOSQUE POPULAR VOLOMBIZ	<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	13406 Meadowfield dr Orlando FL 32824	<input checked="" 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	13406 Meadowfield dr Orlando FL 32824	<input checked="" 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 to an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND OFFICE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 / 2002

Date

Daytime Phone #

CR2E034 (9/01)