

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90147 004 ***150.00

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1. Entity Name
OTENEV CORPORATION

Principal Place of Business
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131
Mailing Address
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
501 Brickell Key Drive
3. Mailing Address
501 Brickell Key Drive

Suite, Apt. #, etc.
Suite 400
Suite 400

City & State
Miami, Florida
Miami, Florida

Zip Country
33131 USA
33131 USA

4. FEI Number 52-2272184
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
-- NS Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive
Suite 400
City
Miami FL Zip Code
33131

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, 2002 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes PS MASSI, ARIIVALDO and AS HABER, ROBERT M.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes DPS MASSI, ARIIVALDO.

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

03/04/02

Date

Daytime Phone #

CR2E034 (9/01)