

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 016 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P98000052910*
 1. Entity Name
BOTELL CORPORATION

DO NOT WRITE IN THIS SPACE

90091885

2. Principal Place of Business
16851 N.E. 15TH AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
16851 N.E. 15TH AVENUE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. MIAMI BEACH, FL.

City & State
N. MIAMI BEACH, FL.

4. FEI Number
65-0848078

Applied For
 Not Applicable

Zip
33162

Country
U.S.

Zip
33162

Country
U.S.

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOSEPH SHOMAR

Street Address (P.O. Box Number is Not Acceptable)
17439 N.W. 66TH STREET

City
MIAMI **FL** Zip Code
33015

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$81.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PAEZ BOTELLO, CRISTOBAL 1421 SABAL TRAIL FT. LAUDERDALE, FL. 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **04-11-03** **954-2744155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E034B (12/01)