

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

0575441 AT

**DOCUMENT # F00000006511**

1. Entity Name  
**COTIA (USA) LTD., INC.**

01-16-2002 90084 030 \*\*\*150.00

Principal Place of Business  
**375 PARK AVENUE, SUITE 2504**  
**NEW YORK NY 10152**

Mailing Address  
**375 PARK AVENUE, SUITE 2504**  
**NEW YORK NY 10152**



2. Principal Place of Business  
**One Rockefeller Plaza**

3. Mailing Address  
**One Rockefeller Plaza**

Suite, Apt. #, etc.  
**1280**

Suite, Apt. #, etc.  
**1280**

City & State  
**New York, NY**

City & State  
**New York, NY**

Zip  
**10020**

Country  
**USA**

Zip  
**10020**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**13-3887190**

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

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

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DA SILVA PAES, EDSON</b> <b>375 PARK AVENUE, SUITE 2504</b> <b>NEW YORK NY 10152</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DE LIMA MENGE, FERNANDO</b> <b>375 PARK AVENUE, SUITE 2504</b> <b>NEW YORK NY 10152</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MANGABERIA ALBERNAZ, EDUARDO</b> <b>375 PARK AVENUE, SUITE 2504</b> <b>NEW YORK NY 10152</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GOSSON, MARLI TEREZINH S</b> <b>375 PARK AVENUE, SUITE 2504</b> <b>NEW YORK NY 10152</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUIS REIS, ROBSON</b> <b>375 PARK AVENUE, SUITE 2504</b> <b>NEW YORK NY 10152</b>	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**  
**Edson Paes - President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 07, 02 (212) 6981190**  
 Date Daytime Phone #

CP2E034 (9/01)