2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

546551 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

10324 SW 87 COURT

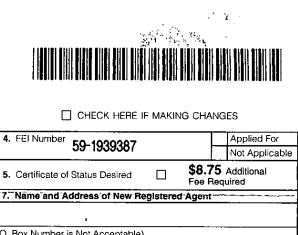
MIAMI FL 33176

OTTOCAR INVESTMENT, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90152 012 ***150.00



ORTEGA, OTTO Street Address (P.O. Box Number is Not Acceptable) 10324 SW 87 COURT MIAMI FL 33176 City

Mailing Address

MIAMI FL 33176

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

10324 SW 87 COURT

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Country

Name

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

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10.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD { ORTEGA, OTTO 10324 SW 87 COURT MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change	Addition
STREET ADDRESS	STD ORTEGA, CARLOS 10324 SW 87 COURT MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition

Daytime Phone #