2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED. DOCUMENT# F020000C474 03 OCT 31 PM 4:38 1. Entity Name OTO CORP. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 915 MIDDLE RIVER DR., STE. 506 915 MIDDLE RIVER DR., STE. 506 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORAITIS, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR., STE. 506 FT LAUDERDALE FL 33304 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition FAJARDO, ROBERTO NAME NAME 5100 N OCEAN BLVD, APT 1508 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33308 CITY-ST-ZIP **DVPS** Addition TITLE ☐ Delete TITLE Change FAJARDO, LUCIA NAME NAME STREET ADDRESS STREET ADDRESS 5100 N OCEAN BLVD, APT 1508 FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE. 400024333124 FAJARDO, PEDRO NAME NAME 10/31/03--01052--022 STREET ADDRESS **150.00 STREET ADDRESS 5100 N OCEAN BLVD, APT 1508 CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change

12. 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 10 or Block 11 if changed, or or all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNAT

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (4/03)

MORAITIS, COFAR & KARNEY ATTORNEYS AT LAW

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October 29, 2003

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Oto Corp.

Our File No.: 01C-440M

TO WHOM IT MAY CONCERN:

I am in receipt of your Application for Reinstatement for OTO CORP. However, I am concerned as the original UBR and our trust account check in the amount of \$150.00 wre mailed to you on April 23, 2003. I did however check with our bank and they said that the check has not been cashed. I am assuming that the check and the original UBR have been lost in the mail. I have therefore enclosed a newly signed copy of the UBR and our trust account check in the amount of \$150.00. Due to the fact that this application was lost in the mail we would respectfully request that the late fee be waived.

Please feel free to contact me should you have any question.

Legal Assistant

hp enclosures