

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001195

1. Entity Name

COWRY FINANCIAL CORP.

Principal Place of Business

C/O JOSEPH M. FILLOY, C.P.A., P.A.  
100 N. BISCAYNE BOULEVARD, SUITE 700  
MIAMI FL 33132

Mailing Address

C/O JOSEPH M. FILLOY, C.P.A., P.A.  
100 N. BISCAYNE BOULEVARD, SUITE 700  
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILLOY, JOSEPH M C.P.A.  
100 N. BISCAYNE BOULEVARD, SUITE 700  
MIAMI FL 33132

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

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, 2001 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 ☐ Delete  
NAME **P BOTTANELLI, AGOSTINO**  
STREET ADDRESS **14451 LEXINGTON PL**  
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **299 ATLANTIC AV.**  
CITY-ST-ZIP **N. MIAMI BEACH FL. 33160**

TITLE ☐ Delete  
NAME **S ESCUDERO, DIGNA**  
STREET ADDRESS **URBANIZACIONA LAS ACACIAS, CALLE TERCERA**  
CITY-ST-ZIP **PANAMA, PROVINCIA PANAMA**

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MURILLO, MARCO**  
STREET ADDRESS **CALLE ONCE RIO ABAJO EDIFICIO MONTEGO BAY**  
CITY-ST-ZIP **PANAMA, PROVINCIA PANAMA**

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

AGOSTINO BOTTANELLI

04-04-01

Date

305-3737515

Daytime Phone #

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90036 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)