

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **199000001967**

1. Entity Name

**THE ESCOTET FOUNDATION, INC**

Principal Place of Business

Mailing Address

**2130 SW 94th CT  
MIAMI, FL 33165**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0907202**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

FILED  
01 DEC 24 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

**SPIEGEL + UTRERA, PA  
343 Almeria Ave.  
Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

Name **MIGUEL A. ESCOTET**

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

**2130 SW 94th CT**

City **MIAMI**

FL

Zip Code **33165**

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 *Miguel A. Escotet, Pres*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**December 20, 2001**

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution:

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE **P/TID**  Delete  
NAME **MIGUEL A. ESCOTET**  
STREET ADDRESS **2130 SW 94th CT**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **S/VD**  Delete  
NAME **MARTHA ARDILA**  
STREET ADDRESS **2130 SW 94th CT**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D**  Delete  
NAME **MARTA ESCOTET**  
STREET ADDRESS **2130 SW 94th CT**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition  
700004780867  
-01/17/02--01005--015  
\*\*\*\*122.50 \*\*\*\*122.50

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**MIGUEL A. ESCOTET, Pres**

Date

Daytime Phone #

**(305) 348-3390**

CR2E037 (11/00)