

2002 **NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90033 030 \*\*\*\*61.25

DOCUMENT # N99000001967 ✓

1. Entity Name

THE ESCOTET FOUNDATION, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2130 SW 94th CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-0907202

Applied For

Not Applicable

Zip

Country

33165

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current 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

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$61.25  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/T/D  
MIGUEL A. ESCOTET  
2130 SW 94 CT  
MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S/V/D  
MARTHA A. ESCOTET  
2130 SW 94 CT  
MIAMI, FL 33165

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 2002

Date

(305) 348-3390

Daytime Phone #

CR2E037B (12/01)