

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059712

1. Entity Name

GOTER CORPORATION

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90174 018 ***150.00

917633



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13627 DEERING BAY DRIVE UNIT 404
CORAL GABLES FL 33158

Mailing Address

13627 DEERING BAY DRIVE UNIT 404
CORAL GABLES FL 33158

2. Principal Place of Business

Florida Miami

3. Mailing Address

13627 DEERING BAY DR. 404

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

Zip

33158

Country

USA

Zip

Country

4. FEI Number

65-1018450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO ESQ
CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HEVIA, GONZALO	
STREET ADDRESS	13627 DEERING BAY DRIVE UNIT 404	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEVIA, MARIA TERESA	
STREET ADDRESS	13627 DEERING BAY DRIVE UNIT 404	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

5/02/01

Date

305-3782048

Daytime Phone #

CR2E034 (10/00)