

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91166 002 ***150.00

DOCUMENT # P00000069974

1. Entity Name

OTREERRE, INC.

Principal Place of Business	Mailing Address
174 NE 96 STREET MIAMI SHORES, FL 33138	174 NE 96 STREET MIAMI SHORES, FL 33138

771150

2. Principal Place of Business	3. Mailing Address
777 NW 72 AVE. SUITE #2L20 Suite, Apt. #, etc. MIAMI MERCHANDISE MART	777 NW 72 AVE. SUITE #2L20 Suite, Apt. #, etc. MIAMI MERCHANDISE MART

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
MIAMI, FL	MIAMI, FL	59-3659355	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33126	USA	<input type="checkbox"/> - <input type="checkbox"/>	

6. Name and Address of Current Registered Agent

FINIZIO, PAUL G ESQ.
 200 SE NINTH STREET
 FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

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	FINIZIO, PAUL G	
STREET ADDRESS	200 SE 9TH STREET	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316	

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

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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
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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: Paul Finizio PAUL FINIZIO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 954-767-6500
 Date Daytime Phone #