

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90172 021 ***150.00

DOCUMENT # P00000090372

1. Entity Name

OTS TECHNOLOGY GROUP, INCORPORATED

(LA)

Principal Place of Business

**16300 NE 19 AVE., #100
N MIAMI BEACH FL 33162**

Mailing Address

**16300 NE 19 AVE., #100
N MIAMI BEACH FL 33162**

00072430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1042819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVA, FERNANDO
16300 NE 19 AVE., #100
N MIAMI BEACH FL 33162**

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 **PO** ☐ Delete
NAME **JARAMILLO, DIEGO**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☒ Addition
NAME **JARAMILLO, DIEGO ALEJANDRO**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Delete
NAME **ALVAREZ, CLARA INES**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☒ Delete
NAME **ESMERAL, MIGUEL**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete
NAME **SOTO, ALVARO**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete
NAME **HURTADO, JEANETH**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☒ Delete
NAME **CESAR GOMEZ, JULIO**
STREET ADDRESS **10011 NW 32 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

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:

Diego Jaramillo

06-07-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment Doc#

P00000090372

C0078430

June 13, 2001

OTS TECHNOLOGY GROUP, INCORPORATED
16300 NE 19 AVE., #100
N MIAMI BEACH, FL 33162

Subject: OTS TECHNOLOGY GROUP, INCORPORATED

Reference P00000090372
Number:

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MS
ANNUAL REPORTS SECTION