

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90137 030 ***150.00

DOCUMENT # P01000055909 1. Entity Name POTES CORP.					
Principal Place of Business 2645 EXECUTIVE PARK DR #125 WESTON, FL 33331			Mailing Address 2645 EXECUTIVE PARK DR #125 WESTON, FL 33331		
2. Principal Place of Business 1003 Shotgun Rd Suite, Apt. #, etc.		3. Mailing Address 1003 Shotgun Rd Suite, Apt. #, etc.			
City & State Sunrise FL Zip 33326		City & State Sunrise FL Zip 33326		4. FEI Number 65-1125990	
Country U.S.A.		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAZAR, JOHN 2645 EXECUTIVE PARK DR #125 WESTON, FL 33331			7. Name and Address of New Registered Agent Name John Salazar Street Address (P.O. Box Number Is Not Acceptable) 1003 Shotgun Rd. City Sunrise FL Zip Code 33326		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE (NOTE: Registered Agent signature required when appointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTES, MARIA F 2645 EXECUTIVE PARK DR #125 WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. POTES, MARIA F 1003 Shotgun Rd Sunrise FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SALAZAR, JOHN 2645 EXECUTIVE PARK DR #125 WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S. SALAZAR, JOHN 1003 Shotgun Rd Sunrise FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:			04/30/03 954 3941956		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)