

2004

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90007 039 ***150.00

DOCUMENT # **P02000066205**
 1. Entity Name
STUDIO BOTTERO, CORP.

Principal Place of Business Mailing Address
5700 COLLINS AVE **5700 COLLINS AVE**
SUITE 4K **STE 4K**
MIAMI BEACH FL 33140 **MIAMI BEACH FL 33140**

2. Principal Place of Business 3. Mailing Address
16300 NE 19 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE C
 City & State City & State
N. Miami Beach FL
 Zip Country Zip Country
33162

44049412

DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0616757** ☐ Apply ☐ Not App.
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALICIA BOTTERO
5700 COLLINS AVE
STE 4K
MIAMI BEACH FL 33140

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 reconstituting)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	PD
NAME	BOTTERO, ALICIA X	NAME	BOTTERO, ALICIA X
STREET ADDRESS	5700 COLLINS AVE #4K	STREET ADDRESS	5700 COLLINS AVE #4K
CITY-STATE-ZIP	MIAMI BEACH FL 33140	CITY-STATE-ZIP	MIAMI BEACH FL 33140
TITLE	D	TITLE	
NAME	BOTTERO, DAVIE A.	NAME	
STREET ADDRESS	5700 COLLINS AVE #4K	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	CITY-STATE-ZIP	
TITLE	S	TITLE	
NAME	WOWE, BARBARA	NAME	
STREET ADDRESS	5700 COLLINS AVE #4K	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	CITY-STATE-ZIP	
TITLE	V	TITLE	VD
NAME		NAME	WOWE, VANESSA
STREET ADDRESS		STREET ADDRESS	5700 COLLINS AVE #4K
CITY-STATE-ZIP		CITY-STATE-ZIP	MIAMI BEACH FL 33140
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 info 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 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 E 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

7/20/04

Attachment

STUDIO BOTTERO, CORP.

5700 Collins Ave. Ste 4-K
Miami Beach FL 33140

44049412

July 20, 2004

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Annual Reports Filings

P. O. Box 1500

Tallahassee FL 32302-1500

Ref.: P02000066205 – STUDIO BOTTERO, CORP.

Dear Sir or Madam:

We would like to let you know that we HAVE NOT RECEIVED ANY FORM BY MAIL to renew the Corporation for year 2004. We made a copy from blank form to try to accomplish with the State Law, please accept our check without penalty.

Take on count that it was not our fault. We are trying to comply with the Corporate Renewal for this year.

We really appreciate your cooperation on this matter.

Cordially,

Vanessa Wowe

Vanessa Wowe
Vice-President