FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90241 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069699

1. Entity Name: Oterman Investment Corporation

DO NOT WRITE IN THIS SPACE

55040652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8220 NW 162 St.	8220 NW 162 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, Fl.	City & State
Zip: 33016 Country: U.S.	Zip Country

4. FEI Number: 03-0498776 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Alejandro Aleman

Street Address (P.O. Box Number is Not Acceptable): 8220 NW 162 St.

City: Miami Lakes **FL** Zip Code: 33016

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: _____ 4-22-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Alejandro Aleman
STREET ADDRESS	8220 NW 162 St.
CITY-ST-ZIP	Miami, Fl. 33016
TITLE	Vice President
NAME	George Otero
STREET ADDRESS	7505 NW 177 Ter.
CITY-ST-ZIP	Miami, Fl. 33015
TITLE	
NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #