


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # P02000091323

1. Entity Name
OTEN CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 24 PM 2:51

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business
8675 N.W. STERRACE

3. Mailing Address
SAME

Suite, Apt. #, etc.
103

City & State
MIAMI, FL.

City & State _____

Zip
33172

Country
USA

Zip _____ Country _____

4. FEI Number
56-2289012

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
JOSE CARNEIRO NETO

Street Address (P.O. Box Number is Not Acceptable)
8675 NW STERR, #103

City
MIAMI FL Zip Code
33172

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 Jose Carneiro Neto 9/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE \$100.00
After May 1, 2003 Fee \$150.00
Make Check Payable to Florida Department of Banking Regulation

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE <u>000023313120</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JOSE CARNEIRO NETO</u>		NAME <u>09/24/03--01079--010</u>	<u>**150.00</u>
STREET ADDRESS <u>8675 NW STERR</u>		STREET ADDRESS	
CITY-ST-ZIP <u>MIAMI FL. 33172</u>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jose Carneiro Neto 9/15/03 (786) 344-4973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PR 52/10

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OTEN CORPORATION
8675 N.W. 5th Terrace # 103
Miami, Florida 33172

Florida Department of State
Division of Corporation
Uniform Business Report Filing
P.O. Box 1500, Tallahassee, Fl 32302-1500

Sep 15/03

Doc# P02000091325
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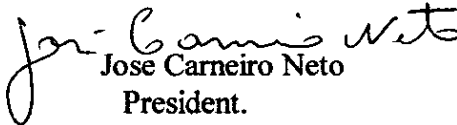
Dear Sirs:

We open our corporation in August 2002, without previous experience of working with companies in the State of Florida.

Because my corporation changed of address at the end of last year we never received the "Uniform Business Report (UBR) and consequently we did not pay on time this Report.

Attached we are mailing check #0092 in the amount of \$ 150.00, and receive our apologized for the inconveniences.

Sincerely


Jose Carneiro Neto
President.