


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90048 050 \*\*\*150.00

0220635  
AV

<b>DOCUMENT #</b> P93000062964	
<b>1. Entity Name</b> B.T.T. CORPORATION	

<b>Principal Place of Business</b> 245 S E 1ST STREET SUITE 407 MIAMI FL 33131 US	<b>Mailing Address</b> 245 S E 1ST STREET SUITE 407 MIAMI FL 33131 US
---	---

<b>2. Principal Place of Business</b> 3533 NW 58TH STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3533 NW 58TH STREET Suite, Apt. #, etc.
---	---

<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL
--------------------------------------	--------------------------------------

<b>Zip</b> 33142	<b>Country</b> MIAMI-DADE	<b>Zip</b> 33142	<b>Country</b> MIAMI-DAD
---------------------	------------------------------	---------------------	-----------------------------

<b>4. FEI Number</b> 65-0460078	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  COHEN, DAVID 245 S E 1ST STREET SUITE 407 MIAMI FL 33131
---

<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable) 3533 NW 58TH STREET  City MIAMI FL Zip Code 33142
---

**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 reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> COHEN, DAVID 245 SE 1ST STREET SUITE 404 MIAMI FL 33131 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3533 NW 58TH STREET MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> COHEN, ANA 245 SE 1ST STREET SUITE 407 MIAMI FL 33131 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3533 NW 58TH STREET MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> COHEN, MARCELO 245 SE 1ST STREET SUITE 407 MIAMI FL 33131 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3533 NW 58TH STREET MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> COHEN, GILBERTO 245 SE 1ST STREET SUITE 407 MIAMI FL 33131 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3533 NW 58TH STREET MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> 	<b>04-24-03</b> <b>305 6384443</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CR2E034 (10/02)