

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000089478**1. Entity Name
COTELSA, INC.

Principal Place of Business

4405 N.W. 73RD AVENUE

MIAMI
33166

FL

Mailing Address

4405 N.W. 73RD AVENUE

#014-10102

MIAMI
33166

US

FL

2. Principal Place of Business

4405 N.W. 73RD AVENUE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 014-10102

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

Zip
33166Country
USZip
33166

Country

4. FEI Number

65-0656282

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SERRANO HECTOR
4405 N.W. 73RD AVENUEMIAMI
33166

FL

US

7. Name and Address of New Registered Agent

Name

SERRANO HECTOR

Street Address (P.O. Box Number is Not Acceptable)

4405 N.W. 73RD AVENUE

SUITE 014-10102

City
MIAMI

FL

Zip Code
33166

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 reinstating)

01/29/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☒**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VIZCARRA IGNACIO	
STREET ADDRESS	RIVEROS CRUZ 677 MIRAFLORES	
CITY-ST-ZIP	VINA DEL MAR CHILE	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRANO HECTOR	
STREET ADDRESS	LOS ACACIOS, 1923 MIRAFLORES	
CITY-ST-ZIP	VINA DEL MAR, CHILE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hector Serrano

D

01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)