

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089478

1. Entity Name

COTELSA, INC.

Principal Place of Business

4405 N.W. 73RD AVENUE
MIAMI FL 33166

Mailing Address

4405 N.W. 73RD AVENUE
#014-10102
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 SEP 18 AM 9:56



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0656282** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, HECTOR
4405 N.W. 73RD AVENUE
MIAMI FL 33166

Name Vizcarra, Ignacio

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

4405 NW 73rd Avenue

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]
Signature typed or printed name of registered agent and title if applicable.

8/6/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **SERRANO, HECTOR**
STREET ADDRESS **LOS ACACIOS, 1923 MIRAFLORES**
CITY-ST-ZIP **VINA DEL MAR, CHILE** ☒ Delete

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Change ☒ Addition

TITLE **D**
NAME **VIZCARRA, IGNACIO**
STREET ADDRESS **RIVEROS CRUZ 677 MIRAFLORES**
CITY-ST-ZIP **VINA DEL MAR, CHILE** ☐ Delete

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Change ☒ Addition

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Delete

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Change ☒ Addition

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Delete

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Change ☒ Addition

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Delete

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Change ☒ Addition

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Delete

TITLE **D**
NAME **Rudnick, Fred**
STREET ADDRESS **Jaime Eyzaguirre 2321**
CITY-ST-ZIP **Concepción, Chile** ☐ Change ☒ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 6, 2001

(305) 675-8504

Date

Daytime Phone #