

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91566 028 \*\*\*150.00

DOCUMENT # P940000069792 ✓

1. Entity Name

COTOM, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3051 NE 48TH st., #203

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

4. FEI Number

65-0730471

Applied For

Not Applicable

Zip

33308

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT F MAHONEY, CPA

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

3801 N FEDERAL HWY

City

POMPANO BCH

FL

Zip Code  
33064

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)*

ROBERT F MAHONEY

(NOTE: Registered Agent Signature required when reconstituting)

4/19/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P, S, D</u> <u>Costantino, Tom</u> <u>3051 NE 48St, #203</u> <u>Ft. Laud, FL 33308</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas Costantino Tom Costantino

4-19-02

Date

Daytime Phone #

CR2E034B (12/01)