

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025610

1. Entity Name

COTERA ELECTRICAL CONTRACTORS, CORP.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90226 008 ***150.00

Principal Place of Business

Mailing Address

8758 SW 12 ST., STE. 202
MIAMI FL 33174

8758 SW 12 ST., STE. 202
MIAMI FL 33174-3335

2. Principal Place of Business

9460 fountanblu Blv

3. Mailing Address

9460 Fountan Blv

Suite, Apt. #, etc.

Apt 226

Suite, Apt. #, etc.

Apt 226

City & State

Miami, FL 33172

City & State

Miami, FL 33172

Zip

33172

Country

DADE

Zip

33172

Country

DADE

4. FEI Number

65-0736637

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

COTERA, ANTONIO S
8758 SW 12 ST., STE. 202
MIAMI FL 33174

Name

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

City

FL

Zip Code

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)

DATE

04/27/00

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, 2000 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 P ☐ Delete
NAME COTERA, ANTONIO S
STREET ADDRESS 8758 SW 12 ST., STE. 202
CITY-ST-ZIP MIAMI FL 33174

TITLE P ☐ Change ☐ Addition
NAME COTERA ANTONIO S
STREET ADDRESS 9460 Fountanblu Blv
CITY-ST-ZIP Miami, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR2E034 (9/99)