2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000025610** 1. Entity Name COTERA ELECTRICAL CONTRACTORS, CORP. 05-03-2001 90049 025 ***150.00 Principal Place of Business Mailing Address 9460 FOUNTAINBLU BLVD 9460 FOUNTAINBLU BLVD **APT 226 APT 226** MIAMI FL 33172 MIAMI FL 33172 Foundainflu Bloo DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0736637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COTERA, ANTONIO S Street Address (P.O. Box Number is Not Acceptable) 8758 SW 12 ST., STE. 202 MIAMI FL 33174 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME COTERA, ANTONIO S NAME STREET ADDRESS STREET ADDRESS 9460 FOUNTAINBLU BLVD CITY-ST-ZIP CITY - ST - ZIP **MIAMI FL 33172** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 propowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

54 25 2001 (300) 553-6845

☐ Change

[]] Change

☐ Addition

☐ Addition