

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90266 031 ***150.00

DOCUMENT # P97000025610

1. Entity Name

COTERA ELECTRICAL CONTRACTORS, CORP.

Principal Place of Business

**9460 FOUNTAINBLU BLVD
 APT 226
 MIAMI FL 33172**

Mailing Address

**9460 FOUNTAINBLU BLVD
 APT 226
 MIAMI FL 33172**

2. Principal Place of Business

**10217 S.W. 24th ST.
 Suite, Apt. #, etc.
 APT # A-112**

3. Mailing Address

**10217 S.W. 24th ST.
 Suite, Apt. #, etc.
 APT # A-112**

City & State

MIAMI FL. 33165

City & State

MIA - FL. 33165

Zip

Country

33165

Zip

Country

33165

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2002 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 **P** ☒ Delete
 NAME **COTERA, ANTONIO S**
 STREET ADDRESS **9460 FOUNTAINBLU BLVD**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **COTERA ANTONIO S.**
 STREET ADDRESS **10217 S.W. 24th ST. APT. # A-112**
 CITY-ST-ZIP **MIA FL. 33165**

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-2002 (305) 553-6845

Date

Daytime Phone #

CR2E034 (9/01)