## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P98000096273

1. Entity Name COTEL, INC.

**SIGNATURE:** 



## FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90174 036 \*\*\*150.00

Asking Address See 4FTH STEEP NORTH ST. PETERSBURG PL 30709  2. Principal Place of Business						GOO WE	185							
Surface, Apt. #, etc.  Surface, Apt. #, etc.  Surface, Apt. #, etc.  Surface, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Sity	5649 49TH ST	REET NORTH		5649 49TH STREET NORTH										
City & State  Country  Country  Country  S. Confidente of Status Desired   \$8.75 Address   \$9.75	2. Principal I	Place of Busine	ess	3. Mailing A	ddress									
Zip Country Zip Country 5. Confided by Status Desired   \$8.75 additional Personal Status Desired Agent   7. Name and Address of New Registered Agent   7. Name and Address of New	Suite, Apt	. #, etc.		Suite, Apt.	Suite, Apt. #, etc.				CHEC	K HERE IF	MAKING	CHANGES	}	
S. Name and Address of Current Registered Agent  FATEL, NILESH M 609 W. DELEON ST. TAMPA FL 33006  City  City  FL  Zip Code  C	City & Sta	te		City & Star	City & State			4. FEI Number 59-3595597				$\vdash$	<del></del>	
Solve the collipations of registered Agent	Zip	Country Zip C						5. Certificate of Status Desired				\$8.75 Additional		
Signature Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent age		6. Name a	and Address of Curren	t Registered Age	Registered Agent			·						
Signature Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent age						Name		~ ×			-20-20			
TAMPA FL 33606  City FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PATEL, HARISH J STREET ADDRESS  5694 947H STREET NORTH  PATEL, HEMA H SAME SIRRET ADDRESS  17. ST. PETERSBURG FL 33709  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  19. Change Addition  MAKE SIRRET ADDRESS  19. PETERSBURG FL 33709  TITLE  19. Delete 10. Change Addition  MAKE SIRRET ADDRESS  19. PETERSBURG FL 33709  TITLE 19. Delete 10. Delete 10. Change Addition  MAKE SIRRET ADDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11.	•													
S. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  7012 7012 7014 7017 7017 7017 7017 7017 7017 7017						0.700.730						·		
B. The above named-entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signum: hose or printed reare at registered agent and title if applicable.   (AOTE: Registered Agent signature required when reneating)   DATE	TAMPA FL	. 33606												
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	of the cor	on this report or poration or the	or supplemental report i receiver or trustee emo	is true and accura cowered to execut	te and that my : e this report as	signature shall har required by Chap	ve the s	ame legal e	ffect as if made	under nett	n∙that Ia	m an officer Block 10 or	or director Block 11 if	