

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **199000001967**

1. Entity Name

THE ESCOTET FOUNDATION, INC

FILED
01 DEC 24 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**2130 SW 94th CT
MIAMI, FL 33165**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0907202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL + UTRERA, PA
343 Almeria Ave.
Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

Name **MIGUEL A. ESCOTET**

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

2130 SW 94th CT

City **MIAMI**

FL

Zip Code **33165**

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 *Miguel A. Escotet, Pres*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

December 20, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **P/TID** Delete
NAME **MIGUEL A. ESCOTET**
STREET ADDRESS **2130 SW 94th CT**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **S/VD** Delete
NAME **MARTHA ARDILA**
STREET ADDRESS **2130 SW 94th CT**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D** Delete
NAME **MARTA ESCOTET**
STREET ADDRESS **2130 SW 94th CT**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition
NAME **700004780867**
STREET ADDRESS **-01/17/02--01005--015**
CITY-ST-ZIP ******122.50 ****122.50**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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.

SIGNATURE: *Miguel A. Escotet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL A. ESCOTET, Pres 12/20/2001

Date

Daytime Phone #

(305) 348-3390

CR2E037 (11/00)