

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90033 030 \*\*\*\*61.25

**2002 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000001967 ✓  
 1. Entity Name  
**THE ESCOTET FOUNDATION, INC**

822261

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2130 SW 94th CT</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33165</b>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0907202</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	<b>MIGUEL A. ESCOTET</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>2130 SW 94th CT</b>	
City	<b>MIAMI</b>	FL Zip Code <b>33165</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FEE IS \$61.25 Initial or Amended UBR**      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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/D MIGUEL A. ESCOTET 2130 SW 94 CT MIAMI, FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/V/D MARTHA A. ESCOTET 2130 SW 94 CT MIAMI, FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTA ESCOTET 2130 SW 94 CT MIAMI, FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **February 1, 2002** Daytime Phone #: **(305) 348-3390**