

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90038 032 \*\*\*150.00  
 09-12-2001 90159 024 \*\*\*550.00

**DOCUMENT # F00000000898**

1. Entity Name  
**TELEFONICA DATA E-COMMERCE, INC.**

Principal Place of Business

ATTN: AUGUSTO REPETTO  
 2445 M STREET, N.W.  
 WASHINGTON DC 20037

Mailing Address

ATTN: AUGUSTO REPETTO  
 2445 M STREET, N.W.  
 WASHINGTON DC 20037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ATTN: Patricia Merendez Cambo  
 Suite, Apt. #, etc.  
 1221 Brickell Ave.

3. Mailing Address

ATTN: Patricia Merendez Cambo  
 Suite, Apt. #, etc.  
 1221 Brickell Ave.

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

4. FEI Number  
 98-0217613

Applied For  
 Not Applicable

Zip Country  
 33131 USA

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 33131 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	<del>FERNANDEZ VIDAL, GUILLERMO</del>	
STREET ADDRESS	<del>GRAN VIA 28</del>	
CITY-ST-ZIP	<del>28013 MADRID, SPAIN</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUEZURAGA VILLA, JOSE L	
STREET ADDRESS	BEATRIZ DE BOBADILLA 14	
CITY-ST-ZIP	28040 MADRID, SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGRARIO DURAN, RAFAEL	
STREET ADDRESS	BEATRIZ DE BOBADILLA 14	
CITY-ST-ZIP	28040 MADRID, SPAIN	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	<del>ESTEVEZ RODRIGUEZ, JOSE FRANCISCO</del>	
STREET ADDRESS	<del>BEATRIZ DE BOBADILLA 14</del>	
CITY-ST-ZIP	<del>28040 MADRID, SPAIN</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez Vidal, Guillermo	
STREET ADDRESS	Gran Via 28, Planta 10	
CITY-ST-ZIP	28013 Madrid, Spain	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cabanellas Becerra, Jaime Gregorio	
STREET ADDRESS	Beatriz de Bobadilla 14	
CITY-ST-ZIP	28040 Madrid, Spain	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pareja, Cristina	
STREET ADDRESS	Beatriz de Bobadilla 14	
CITY-ST-ZIP	28040 Madrid, Spain	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Menendez Cambo, Patricia	
STREET ADDRESS	1221 Brickell Ave, 12th FL	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Patricia Merendez Cambo 9/5/01 305-925-5307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR/DAS AD

CR2E034 (5/01)