

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005532

1. Entity Name

EL PASO COMMUNICATION SYSTEMS, INC.

Principal Place of Business

1630 E. APISANO  
EL PASO TX 79901

Mailing Address

1630 E. APISANO  
EL PASO TX 79901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2460112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, OMAR

7262 NW 54TH ST  
MIAMI FL 33166

EPCOM

7262 N.W. 54th ST  
MIAMI, FL 33166-4808

Name

Federico Crespo 910 EPCOM

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

City

Miami

FL

Zip Code

33166

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
SAAD, JORGE A  
1630 E. APISANO  
EL PASO TX 79901

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600003463856  
11/15/00 01032 003  
\*\*\*\*750.00 \*\*\*\*750.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
JARAMILLO, RODOLFO  
1630 E. APISANO  
EL PASO TX 79901

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY - ST - ZIP

☐ Change ☐ Addition

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  
Rodolfo Jaramillo

Date  
10/2/00

Daytime Phone #  
(915) 592-0550

FILED

00 OCT 30 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)