2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013447

1. Entity Name

TECHTEL - TELECOMMUNICATIONS TECHNOLOGY, LLC.

FILED
2001 MAY -9 PM 3:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1101 BRICKELL AVE., SUITE 800 NORTH MIAMI, FL. 33131	1101 BRICKELL AVE., SUITE 800 NORTH MIAMI, FL. 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANLEY, STEPHEN 14011 SW 84TH. STREET MIAMI, FL. 33183	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. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOWARD BLACK, LLC 1101 BRICKELL AVE., SUITE 800 NORTH MIAMI, FL. 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBERTO CAICEDO 1101 BRICKELL AVE., SUITE 800 NORTH MIAMI, FL. 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003765680-- -06/07/01--01130--018 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ APRIL 27, 2001 (305) 577-8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #