

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90450 042 \*\*\*150.00

0694625 FP

DOCUMENT # P00000111487



1. Entity Name  
CONNECT TEL CORP.

Principal Place of Business  
512 SOUTHEAST 10TH AVENUE  
FORT LAUDERDALE FL 33312

Mailing Address  
512 SOUTHEAST 10TH AVENUE  
FORT LAUDERDALE FL 33312



2. Principal Place of Business  
2035 Harding St.  
Suite, Apt. #, etc.  
Suite 201

3. Mailing Address  
2035 Harding St.  
Suite, Apt. #, etc.  
201

CHECK HERE IF MAKING CHANGES

City & State  
Hollywood FL  
Zip  
33020  
Country  
USA

City & State  
Hollywood FL  
Zip  
33020  
Country  
USA

4. FEI Number  
65-1059595

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	+ STD <input type="checkbox"/> Delete
NAME	TASHMAN, LISA
STREET ADDRESS	512 SOUTHEAST 10TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Lisa Tashman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 9549205880  
Date Daytime Phone #

CR2E034 (10/02)