

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90718 025 \*\*\*150.00

**DOCUMENT # P01000106271**

1. Entity Name  
**EXTRATEL, INC.**

Principal Place of Business Mailing Address  
**1402 BRICKELL BAY DRIVE SUITE 1103 1402 BRICKELL BAY DRIVE SUITE 1103**  
**MIAMI FL 33131 MIAMI FL 33131**

00142176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1680 Michigan Ave. 1680 Michigan Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 1022. Suite 1022.**

City & State City & State  
**MIAMI Beach FL. MIAMI Beach, FL.**

FEI Number Applied For  
**65-1149871** Not Applicable

Zip Country Zip Country  
**FL-33139 USA 33139 USA**

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**

**NUNEZ-ZAMBRANO, DIEGO**  
**1402 BRICKELL BAY DRIVE SUITE 1103**  
**MIAMI FL 33131**

Name **NUNEZ-ZAMBRANO, DIEGO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1680 Michigan Ave, Suite 1022**  
 City **MIAMI Beach FL** Zip Code **33139.**

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 **Nunez Zambrano** DATE **MAY-13-02**  
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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NUNEZ-ZAMBRANO, DIEGO</b>	
STREET ADDRESS	<b>1402 BRICKELL BAY DRIVE SUITE 1103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ACOSTA, CARLOS</b>	
STREET ADDRESS	<b>1402 BRICKELL BAY DRIVE SUITE 1103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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: **Nunez Zambrano** Date **MAY-13-02** Daytime Phone # **305-5311025**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)