

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90038 033 \*\*\*150.00

DOCUMENT # PA98000070877 ✓  
 1. Entity Name  
TELEFONICA INTERNACIONAL USA INC.

Principal Place of Business  
1221 BRICKELL AV.  
MIAMI, FL., 33131

Mailing Address  
1221 BRICKELL AVENUE SUITE 1200.  
MIAMI, FLORIDA, 33131  
C/O PATRICIA MENENDEZ CAMBO

**769968**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1221 Brickell Avenue</u> Suite, Apt. #, etc. <u>Suite 1200</u> City & State <u>Miami, FLA</u>		3. Mailing Address <u>1221 Brickell Avenue</u> Suite, Apt. #, etc. <u>Suite 1200</u> City & State <u>Miami, FLA</u>		4. FEI Number <u>65-082470</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>33131</u>	Country <u>Usa</u>	Zip <u>33131</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

6. Name and Address of Current Registered Agent <u>CORPORATION SERVICE COMPANY</u> <u>1201 HAYS ST.</u> <u>TALLAHASSEE 32301</u>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code			
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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 \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JUAN ROVIRA</u> <u>1001 BRICKELL BAY DRIVE</u> <u>MIAMI, FL., 33131</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/S</u> <u>JUAN CARLOS ROS</u> <u>1221 BRICKELL AVENUE</u> <u>MIAMI, FL., 33131</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>RAFAEL HERNANDEZ</u> <u>1001 BRICKELL BAY DRIVE</u> <u>MIAMI, FL., 33131</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>MANUEL COSTA MARQUES</u> <u>1221 BRICKELL AVENUE</u> <u>MIAMI, FL., 33131</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>ENRIQUE CARRASCAL</u> <u>1001 BRICKELL BAY DRIVE</u> <u>MIAMI, FL., 33131</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/CEO</u> <u>ANTONIO VIANA</u> <u>1221 BRICKELL AVENUE</u> <u>MIAMI, FL., 33131</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>MAURICIO KUSCHE</u> <u>1221 BRICKELL AVENUE</u> <u>MIAMI, FL., 33131</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VS</u> <u>PATRICIA MENENDEZ CAMBO</u> <u>1221 BRICKELL AVENUE</u> <u>MIAMI, FL., 33131</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: PATRICIA MENENDEZ CAMBO P. Menendez 4/30/01 305 925-5417  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)