2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90174 002 ***150.00

DOCUMENT # P99000055439

1. Entity Name

LD TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
600 BRICKELL AVE SUITE 206E MIAMI FL 33131	600 BRICKELL AVE SUITE 206E MIAMI FL 33131-2520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 BRICKELL AVE.	600 BRICKELL AVE
Suite, Apt. #, etc.: 706	Suite, Apt. #, etc.: 706
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 65-0931655 — 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
LAHRSSEN, CARLOS F 600 BRICKELL AVE SUITE 206E MIAMI FL 33131	Name: CARLOS LAHRSSEN Street Address (P.O. Box Number is Not Acceptable): 600 BRICKELL SUITE 706 City: MIAMI FL Zip Code: 33131

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: _____ 01-12-00
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, 2000 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	D LAHRSSEN, CARLOS F 600 BRICKELL AVE MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARLOS LAHRSSEN 600 BRICKELL AVE SUITE 706 MIAMI, FL. 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAHRSSEN, FELIPE J 600 BRICKELL AVE MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: _____ 01-12-00 305-358-8952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)