

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90046 034 \*\*\*150.00

**DOCUMENT # P99000055439**

**1. Entity Name**  
**LD TELECOMMUNICATIONS, INC.**

**Principal Place of Business**

**444 BRICKELL AVE**  
**SUITE P-60**  
**MIAMI FL 33131**

**Mailing Address**

**444 BRICKELL AVE**  
**SUITE P-60**  
**MIAMI FL 33131**

**2. Principal Place of Business**

**444 BRICKELL AVENUE**

Suite, Apt. #, etc.

**STE P60**

City & State  
**MIAMI FL**

Zip  
**33131**

Country  
**USA**

**3. Mailing Address**

**444 BRICKELL AVENUE**

Suite, Apt. #, etc.

**SUITE P60**

City & State  
**MIAMI FL**

Zip  
**33131**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

**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**

**LAHRSEN, CARLOS F**  
**600 BRICKELL AVE**  
**207A**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **CARLOS LAHRSEN**

Street Address (P.O. Box Number is Not Acceptable)  
**444 BRICKELL AVENUE**

**SUITE P60**

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** **PD**  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**01-10-02**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ Delete  
**NAME** **LAHRSEN, CARLOS F**  
**STREET ADDRESS** **600 BRICKELL AVE**  
**CITY-ST-ZIP** **MIAMI FL 33131**

**TITLE** **D** ☐ Delete  
**NAME** **LAHRSEN, FELIPE J**  
**STREET ADDRESS** **600 BRICKELL AVE**  
**CITY-ST-ZIP** **MIAMI FL 33131**

**TITLE** **D** ☐ Delete  
**NAME** **CANTO, JUAN C**  
**STREET ADDRESS** **600 BRICKELL AVENUE**  
**CITY-ST-ZIP** **MIAMI FL 33131**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **LAHRSEN, CARLOS F.**  
**STREET ADDRESS** **444 BRICKELL AVENUE STE P60**  
**CITY-ST-ZIP** **MIAMI - FL - 33131**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **LAHRSEN, FELIPE J**  
**STREET ADDRESS** **444 BRICKELL AVENUE STE P60**  
**CITY-ST-ZIP** **MIAMI - FL - 33131**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **CANTO, JUAN C.**  
**STREET ADDRESS** **444 BRICKELL AVENUE STE P60**  
**CITY-ST-ZIP** **MIAMI - FL - 33131**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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 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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01-10-02 3053588952**

CR2E034 (9/01)