

# 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

City & State

Hollywood FL

4. FEI Number

65-1059595

Applied For

Not Applicable

Zip  
33020

Country  
USA

Zip  
33020

Country  
USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  Delete  
NAME TASHMAN, LISA  
STREET ADDRESS 512 SOUTHEAST 10TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Change  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)