

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686773

1. Entity Name

TELECOM ENGINEERING CONSULTANTS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90024 006 ***150.00

Principal Place of Business 9400 N.W. 25TH STREET MIAMI FL 33172	Mailing Address 9400 N.W. 25TH STREET MIAMI FL 33172-1401
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2030158	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SELLATI, VALENTINE SR 9400 NW 25TH ST MIAMI FL 33172

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.

SIGNATURE _____ (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 PD NAME SELLATI, CHRISTOPHER STREET ADDRESS 12281 SW 104 TERR CITY-ST-ZIP MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME SELLATI, VALENTINE SR STREET ADDRESS 10045 SW 124 AVE CITY-ST-ZIP MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3460 Joan + Way CITY-ST-ZIP DAVIS, FL. 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SELLATI, VALENTINE JR STREET ADDRESS 7033 PECAN COURT CITY-ST-ZIP WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 2025 FLAMING ARROW COURT CITY-ST-ZIP Cusseyberry, FL. 32730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SELLATI, PATRICK STREET ADDRESS 13105 S.W. 104TH TERR CITY-ST-ZIP MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 9400 NW 25 TH ST. CITY-ST-ZIP MIAMI, FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME BATUSIC, JULIANNA STREET ADDRESS 12113 SW 105 LANE CITY-ST-ZIP MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 13650 ROADKILL STREET CITY-ST-ZIP DAVIS, FL. 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME DUARTE, NICOLAS STREET ADDRESS 1600 S.W. 55 AVE CITY-ST-ZIP PLANTATION FL <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: Julianne Batusic 4/10/00 305-592-4528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #
Julianne Batusic

CR2E034 (9/99)