

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

05-22-2001 90038 032 ***150.00
 09-12-2001 90159 024 ***550.00

DOCUMENT # F00000000898

1. Entity Name

TELEFONICA DATA E-COMMERCE, INC.

Principal Place of Business

ATTN: AUGUSTO REPETTO
 2445 M STREET, N.W.
 WASHINGTON DC 20037

Mailing Address

ATTN: AUGUSTO REPETTO
 2445 M STREET, N.W.
 WASHINGTON DC 20037

2. Principal Place of Business

ATTN: Patricia Merendez Cambo
 Suite, Apt. #, etc.
 1221 Brickell Ave.

3. Mailing Address

ATTN: Patricia Merendez Cambo
 Suite, Apt. #, etc.
 1221 Brickell Ave.

City & State

Miami, FL 33131

City & State

Miami, FL 33131

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

98-0217613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ VIDAL, GUILLERMO	
STREET ADDRESS	GRAN VIA 28	
CITY-ST-ZIP	28013 MADRID, SPAIN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUEZURAGA VILLA, JOSE L	
STREET ADDRESS	BEATRIZ DE BOBADILLA 14	
CITY-ST-ZIP	28040 MADRID, SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGRARIO DURAN, RAFAEL	
STREET ADDRESS	BEATRIZ DE BOBADILLA 14	
CITY-ST-ZIP	28040 MADRID, SPAIN	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ESTEVEZ RODRIGUEZ, JOSE FRANCISCO	
STREET ADDRESS	BEATRIZ DE BOBADILLA 14	
CITY-ST-ZIP	28040 MADRID, SPAIN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez Vidal, Guillermo	
STREET ADDRESS	Gran Via 28, Planta 10	
CITY-ST-ZIP	28013 Madrid, Spain	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cabanellas Becerra, Jaime Gregorio	
STREET ADDRESS	Beatriz de Bobadilla 14	
CITY-ST-ZIP	28040 Madrid, Spain	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pareja, Cristina	
STREET ADDRESS	Beatriz de Bobadilla 14	
CITY-ST-ZIP	28040 Madrid, Spain	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Menendez Cambo, Patricia	
STREET ADDRESS	1221 Brickell Ave, 12th FL	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia Menendez Cambo 9/5/01 305-925-5307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)