

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90389 001 ***158.75

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1. Entity Name
EMBRATEL AMERICAS, INC.



Principal Place of Business

**1 ALHAMBRA PLAZA
STE. 600
CORAL GABLES FL 33134**

Mailing Address

**% HUGHES HUBBARD & REED LLP
201 S. BISCAYNE BLVD., STE. 2500
MIAMI FL 33131**

2. Principal Place of Business

1921 N.W. 87 Avenue

Suite, Apt. #, etc.

Building 34

City & State

Miami, Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0988886

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, JORGE L**
STREET ADDRESS **1 ALHAMBRA PLAZA, STE. 600**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **T** ☐ Delete
NAME **PASSAUER, JOHN D**
STREET ADDRESS **1 ALHAMBRA PLAZA, STE. 600**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Delete
NAME **BATISTA MARTINS, PEDRO ANTONIO**
STREET ADDRESS **1 ALHAMBRA PLAZA, STE. 600**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **Rodriguez, Jorge L.**
STREET ADDRESS **1921 N.W. 87 Avenue, Building 34**
CITY-ST-ZIP **Miami, Florida 33172**

TITLE **T** ☒ Change ☐ Addition
NAME **Passauer, John D.**
STREET ADDRESS **1921 N.W. 87 Avenue, Building 34**
CITY-ST-ZIP **Miami, Florida 33172**

TITLE **S** ☒ Change ☐ Addition
NAME **Batista Martins, Pedro Antonio**
STREET ADDRESS **1921 N.W. 87 Avenue, Building 34**
CITY-ST-ZIP **Miami, Florida 33172**

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Passauer 19 of March, 2003

Date

Daytime Phone #

305-908-3897

CR2E034 (10/02)