

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90120 012 ***150.00

DOCUMENT # F00000001555

1. Entity Name

~~TELECOM ROUTING EXCHANGE DEVELOPERS, INC.~~

TECOTA SERVICE CORP.

NO name change
FTK

Principal Place of Business

C/O TERREMARK HOLDINGS, INC.
2601 SOUTH BAYSHORE DRIVE, PH-1B
COCONUT GROVE FL 33133

Mailing Address

C/O TERREMARK HOLDINGS, INC.
2601 SOUTH BAYSHORE DRIVE, PH-1B
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2220127

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PREMINGER, CLIFFORD J 5301 WISCONSIN AVE., N.W., SUITE 740 WASHINGTON DC 20015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, GARY R 5301 WISCONSIN AVE., N.W., SUITE 740 WASHINGTON DC 20015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAY, GERARD 5301 WISCONSIN AVE., N.W., SUITE 740 WASHINGTON DC 20015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEDINA, MANUEL D 2601 SOUTH BAYSHORE DRIVE, PH-1B COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODKIND, BRIAN 2601 SOUTH BAYSHORE DRIVE, PH-1B COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBSEN, EDWARD 2601 SOUTH BAYSHORE DRIVE, PH-1B COCONUT GROVE FL 33133	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL KATZ 2601 S. BAYSHORE DR, PH-1B MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D IRVING A. PADRON, Jr 2601 S. BAYSHORE DR, PH-1B MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SUSAN TRAINO 2601 S. BAYSHORE DR, PH-1B MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT FINNARB 2601 S. BAYSHORE DR, PH-1B MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JOSE E. GONZALEZ 2601 S. BAYSHORE DR, PH-1B MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBERT D. SIKHTA 2601 S. BAYSHORE DR, PH-1B MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" 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:

ROBERT D. SIKHTA, ASST. SECRETARY

4/5/01

305-856-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)