

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90305 002 ***150.00

DOCUMENT # F00000004459

1. Entity Name

TELEUNO, INC.

Principal Place of Business

**8260 GREENSBORO DR., SUITE 240
MCCLEAN VA 22102**

Mailing Address

**8260 GREENSBORO DR., SUITE 240
MCCLEAN VA 22102**

2. Principal Place of Business

2754 W. Atlantic Blvd.

3. Mailing Address

Same As # 2

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

4. FEI Number

51-0401137

Applied For

Not Applicable

Zip

33069

Country

U.S.A.

Zip

Country

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCVS			
	IGLESIAS, AVELINO			
	8260 GREENSBORO DR., SUITE 240			
	MCCLEAN VA 22102			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PCVS			
	Avelino Iglesia			
	2754 W. Atlantic Blvd., Suite 8			
	Pompano Beach, FL 33069			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVELINO IGLESIA

Date

01/18/01

Daytime Phone #

770-569-9988

CR2E034 (10/00)