

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24401

1. Entity Name

MIAMI TELE-COMMUNICATIONS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90077 004 \*\*\*150.00

Principal Place of Business

Mailing Address

5619 DTC PARKWAY  
TAX DEPT.  
ENGLEWOOD CO 80111  
US

P.O. BOX 5630  
DENVER CO 80217-5630

2. Principal Place of Business

9197 SOUTH PEORIA STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

4. FEI Number

84-0944848

Applied For

Not Applicable

Zip

80112-5833

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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.

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, 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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYES, MARK S	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARTOLOTTA, CHARLES	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	STONER, COLIN R	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, WILLIAM R	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	AV	<input type="checkbox"/> Delete
NAME	GOOKIN, NOLAN D	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLES, KATHRYN	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULLRICH, JOANN	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	

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:

*John D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00

Date

720-875-5500

Daytime Phone #

CR2E034 (9/99)