

07-04-2002 90547 018 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000000117
 1. Entity Name
Netel, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1020 NW 163 Dr		3. Mailing Address 1720 Windward Concourse	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 250	
City & State Miami FL	City & State Alpharetta GA	4. FEI Number 51-0362516	
Zip 33169	Country USA	Zip 30005	Country USA

118930

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Addition Fee Required**

DO NOT WRITE IN THIS SPACE

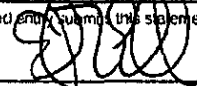
7. Name and Address of Current Registered Agent

Name **TCS Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street, Suite #2

City **Tallahassee FL** Zip Code **32301**

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  **ERNEST L. ELLIS** VICE PRESIDENT **6/13/02**

Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 M Added to F**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Hakan Kovuncu 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD Kanat Ozturan 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP D Dengiz Kureat 1020 NW 163 Dr Miami FL 33169	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in attachment with an address, with all other like empowered.

SIGNATURE:  **Denise Kureat** **6/12/02 (305) 94433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR