

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90097 015 ***150.00

0601212

DOCUMENT # F97000002931

1. Entity Name

SOCATEL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**147-16 SW 111TH TERRACE
 MIAMI FL 33196**

**147-16 SW 111TH TERRACE
 MIAMI FL 33196**

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

65-0876950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLIMON, ELSYE R
 147-16 SW 111TH TERRACE
 MIAMI FL 33196**

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 **D** Delete
 NAME **JACQUES, MARIE G**
 STREET ADDRESS **303 NEWPORT RD**
 CITY-ST-ZIP **UNIONDALE NY 11553**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **CINE, FRANCK N**
 STREET ADDRESS **303 NEWPORT RD**
 CITY-ST-ZIP **UNIONDALE NY 11553**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **RIGUAD, PATRICK**
 STREET ADDRESS **224-19 LINDEN BLVD**
 CITY-ST-ZIP **CAMBRIA HEIGHTS NY 11411**

TITLE **V** Change Addition
 NAME **RIGAUD, PATRICK**
 STREET ADDRESS **221-20 LINDEN BLVD**
 CITY-ST-ZIP **CAMBRIA HEIGHTS NY 11411**

TITLE **S** Delete
 NAME **MARTIAL, J F**
 STREET ADDRESS **3 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10016-5902**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

6/4/01

Date

Daytime Phone # _____

CR2E034 (10/00)