

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004678

1. Entity Name

TRICOM USA, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90148 029 ***558.00

Principal Place of Business

Mailing Address

1 EXCHANGE PLACE
SUITE 400
JERSEY CITY NJ 07302
US

1 EXCHANGE PLACE
SUITE 400
JERSEY CITY NJ 07302-3919
US

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

13-3927530

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
NAME VARGAS, MIRIAM
STREET ADDRESS AVE. LOPE DE VEGA #95
CITY-ST-ZIP SANTO DOMINGO, DOM. REP.

TITLE P? ☐ Change ☒ Addition
NAME Pellerano, Manuel A.
STREET ADDRESS Ave. Lope de Vega # 95
CITY-ST-ZIP Santo Domingo, Dom. Rep.

TITLE V ☐ Delete
NAME CARLSON, CARL
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME TRANCOSO MEJIA, MARCOS J
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE S ☒ Change ☐ Addition
NAME Troncoso Mejia, marcos J.
STREET ADDRESS Ave, Lope de Vega # 95. Santo Dom.
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME VARGAS, CARLOS
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE T ☒ Change ☐ Addition
NAME Vargas, Carlos.
STREET ADDRESS Ave. Lope de Vega # 95
CITY-ST-ZIP Santo Domingo, Dom. Rep.

TITLE V ☐ Delete
NAME TARRAGO, RAMON
STREET ADDRESS AVENIDA LOPE DE VEGA NO 95
CITY-ST-ZIP SANTO DOMINGO REPUBLIC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BARRY, PABLO
STREET ADDRESS 1 EXCHANGE PLACE, SUITE 400
CITY-ST-ZIP JERSEY CITY NJ 07302

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:

Pablo Barry Chief Financial Officer 6/19/00 (201) 324-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #