

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

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 AV

03-15-2002 90023 016 ***150.00

DOCUMENT # F99000006558

1. Entity Name
STELLAR TELECOM CORPORATION

Principal Place of Business

10540 N.W. 26TH STREET
SUITE 105
MIAMI FL 33172

Mailing Address

10540 N.W. 26TH STREET
SUITE 105
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

P.O. BOX 227487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL

4. FEI Number

88-0442739

Applied For

Not Applicable

Zip

Country

Zip

Country

33122

U.S.A.

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

GIRALDO, WILLIAM

10540 N.W. 26TH STREET

G-105

MIAMI FL 33172

Name

WILLIAM A. GIRALDO

Street Address (P.O. Box Number is Not Acceptable)

1110 West OAKLAND PK Blvd, #358

City

SUNRISE

FL

Zip Code

33351

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PCEO
GIRALDO, WILLIAM
10540 NW 26TH ST G-105
MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WILLIAM A. GIRALDO
PO BOX 227487
MIAMI, FL 33122-7487

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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

1-23-02 (954)817-0079

Date

Daytime Phone #

CR2E034 (9/01)