

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-22-2002 90227 020 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000980

1. Entity Name
TELEAMERICAS, LLC

Principal Place of Business Mailing Address
 1111 KANE CONCOURSE, SUITE 504 1111 KANE CONCOURSE, SUITE 504
 BAY HARBOUR FL 33154 BAY HARBOUR FL 33154

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 **65-0979256** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. THIRD AVE., 28TH FLOOR
 MIAMI FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RAIM, IANNA	9881 E. BROADWAY DE	BAY HARBOR FL 33154	<input type="checkbox"/>
CFO	KASAKINS, STEVE	11023 NW 2ND ST	CORAL SPRINGS FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Managing Member	Ianna Raim, Ianna	9881 E. Broadview Drive	Bay Harbor, FL 33154	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Managing Member	Kasakins, Steve	11023 NW 2nd St.	Coral Springs, FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ianna Raim

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