

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002098

1. Entity Name
INATEL.COM, LLC

FILED

01 JUN 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1428 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address
1428 BRICKELL AVENUE
MIAMI FL 33131

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

74-2948860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORP DIRECT AGENTS
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301

Name - PHILIP JOSEPHSON, ESQ.

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

1428 BRICKELL AVENUE

SUITE 100

City MIAMI

FL

Zip Code 33131

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

Philip Josephson

GENERAL COUNSEL

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

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE CHIEF EXECUTIVE OFFICER
NAME BORIS REZNIK
STREET ADDRESS 1428 BRICKELL AVE, SUITE 100
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900004446719--0
CITY-ST-ZIP -06/27/01--01006--010
*****50.00 ☐ Change ☐ Addition

TITLE PRESIDENT
NAME ANDREW TAPLIN
STREET ADDRESS 1428 BRICKELL AVE, SUITE 100
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 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:

Philip Josephson

4/20/01

305.377.3534, x.31

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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