

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # L00000004609

1. Entity Name

MIAMI TELESITE LLC

Principal Place of Business
111 NE 1ST STREET
SUITE 902
MIAMI, FL 33132Mailing Address
111 NE 1ST STREET
SUITE 902
MIAMI, FL 33132

FILED

01 MAY 23 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1025574

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

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

GABRIEL TARRAU
111 NE 1ST STREET
SUITE 902
MIAMI, FL 33132

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9.

FILE NOW!!! FEE IS \$ 50.00

10.

Make Check Payable to Department of State

688884424046

06/18/01--01033-012

*****50.00 *****50.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPMEMBER
GABRIEL TARRAU
111 NE 1ST STREET
MIAMI, FL 33132☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
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 118.07(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 registrant; that I am empowered to execute this report as required by Chapter 807, 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:

GABRIEL TARRAU

04/30/01

(305) 371-4709

CIRE004 (9/99)