

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 08:00 AM

Secretary of State

DOCUMENT # L00000007075

1. Entity Name
MERLIN TELECOM USA, LLC

| | |
|---|---|
| Principal Place of Business APARTMENT A-2114 1865 BRICKELL AVENUE MIAMI FL 33129 | Mailing Address APARTMENT A-2114 1865 BRICKELL AVENUE MIAMI FL 33129 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 1000 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1000 City & State MIAMI FL | 3. Mailing Address 1000 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1000 City & State MIAMI FL |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|---------------|--------------|---------------|
| Zip 33131 | Country US | Zip 33131 | Country US |
|--------------|---------------|--------------|---------------|

| | |
|------------------------------------|---|
| 4. FEI Number 65-1019093 | Applied For <input type="checkbox"/> |
| | Not Applicable <input checked="" type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

LUMPKIN THOMAS DII
 2655 LE JEUNE ROAD, SUITE 515
 CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

Name
ELIASCHEV ALEJANDRO

Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVENUE
SUITE 1000

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 **ALEJANDRO ELIASCHEV** DATE **02/08/2001**

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

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

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DE LA ROSA GUILLERMO 1000 BRICKELL AVE. STE. 1000 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARANCIBIA MAURO H 1000 BRICKELL AVE. STE. 1000 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARANCIBIA MARIO A 1000 BRICKELL AVE. STE. 1000 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ELIASCHEV ALEJANDRO J 1000 BRICKELL AVE. STE. 1000 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Alejandro Eliashev Mgr Date **02/08/2001**

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

CR2E083 (1/00)