2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009433

1. Entity Name
GAECOM TELECOMMUNICATION, LLC

FILED
01 APR 16 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

001C 37 AF

Principal Place of Business	Mailing Address
8181 NW 36TH STREET. SUITE 17A MIAMI FL 33166	8181 NW 36TH STREET. SUITE 17A MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
8181 NW 36 ST	P.O. BOX 831826
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33283 Country: USA

4. FEI Number 65-1040065 ☐ 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
JACOBI, KENNETH 1020 NW 163 DR. MIAMI FL 33169	Name: CHAPOTEAU, Madelyn Street Address (P.O. Box Number is Not Acceptable): 1809 SW 155 Avenue City: Miramar FL Zip Code: 33027

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] 3/3/01
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 NAME STREET ADDRESS CITY-ST-ZIP	President (CEO) CHAPOTEAU, GAETAN 1809 SW 155 Avenue miramar FL 33027. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004078480--4 -04/25/01--01104--004 *****50.00 *****50.00 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: [signature] 3/3/01 954-443-6739 305-525-6928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #