

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-22-2002 90275 045 ****50.00

DOCUMENT # L01000013644

1. Entity Name

TELEPORT OF THE AMERICAS, LLC

Principal Place of Business

9080 N.W. 82ND AVENUE
MEDLEY FL 33166

Mailing Address

9080 N.W. 82ND AVENUE
MEDLEY FL 33166

39428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0558649

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CULBRETH, ALFRED
9080 N.W. 82ND AVENUE
MEDLEY FL 33166

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

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ DeleteP.D.
ALFRED CULBRETH
9060 NW 82ND AVE
MEDLEY, FL 33166STREET ADDRESS ☐ Delete

CITY-ST-ZIP

TITLE NAME ☐ DeleteSTREET ADDRESS ☐ Delete

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TITLE NAME ☐ DeleteSTREET ADDRESS ☐ Delete

CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/30/02 561-997-2463

CR2E083 (9/01)