# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2002 8:00 am**
**Secretary of State**
05-30-2002 91595 043 ***150.00

DOCUMENT # L01000014719

1. Entity Name
Telechoice USA LLC

89977

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
102 Hialeah Drive
Suite, Apt. #, etc.
City & State: Hialeah FL
Zip: FL 33010 Country: USA

3. Mailing Address
102 Hialeah Drive
Suite, Apt. #, etc.
City & State: Hialeah FL
Zip: FL 33010 Country: USA

4. FEI Number
06-1623130
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Edwin Altamirano
Street Address (P.O. Box Number is Not Acceptable)
102 Hialeah Drive
City: Hialeah FL FL Zip Code: 33010

1. 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: Edwin Altamirano Edwin Altamirano 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Edwin Altamirano, member<br>102 Hialeah Drive<br>Hialeah FL 33010 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin Altamirano Edwin Altamirano 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date