FILED
Feb 26, 2003 8:00 am
Secretary of State
02-10-2003 90103 002 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # L01000016628

1. Entity Name

WIPTELECOM USA, LLC

55011247

Principal Place of Business	Mailing Address
8600 NW 53RD TERRACE SUITE 201 MIAMI FL 33166	8600 NW 53RD TERRACE SUITE 201 MIAMI FL 33166

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2600 Douglas Rd	2600 Douglas Rd.
Suite, Apt. #, etc. PH4	Suite, Apt. #, etc. PH4
City & State CORAL GABLES	City & State CORAL GABLES
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 65-1140852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSILLO, FRANK
8600 NW 53RD TERRACE SUITE 201
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name FAUSTINO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Rd.
#PH4
City CORAL GABLES FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAEZTU, INIGO 327 SANTANDER AVE. CORAL GABLES FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager FAUSTINO MARTINEZ 2600 Douglas Rd. #PH4 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: X SIGNATURE REQUIRED [signature] 02/21/03 305.448.1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #