2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90023 016 ****55.00

DOCUMENT # L02000012726

1. Entity Name
FUNTEL COMMUNICATIONS, L.L.C.

Principal Place of Business	Mailing Address
9060 NW 82 AVENUE MEDLEY, FL 33166	9060 NW 82 AVENUE MEDLEY, FL 33166

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1915 Brickell Ave	1915 Brickell Ave
Suite, Apt. #, etc. C-PH1	Suite, Apt. #, etc. C-PH1
City & State Miami, FL	City & State Miami, FL
Zip 33129 Country USA	Zip 33129 Country USA

4. FEI Number
75-3061503
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROUSSO, MARK E
3440 HOLLYWOOD BLVD., STE 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: Arie Pompas
Street Address (P.O. Box Number is Not Acceptable)
1915 Brickell Ave.
#C-PH1
City: Miami FL Zip Code: 33129

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

FILE NOW!!! FEE IS $60.00
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	MGR POMPAS, ARIEL 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021	☐ Delete	Mgr Arie Pompas 1915 Brickell Ave #C-PH1 Miami, FL 33129	☒ Change ☐ Addition
		☐ Delete	Mgr Member Ana Pompas 1915 Brickell Ave. #C-PH1 Miami FL 33129	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #