

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90695 009 ***150.00

DOCUMENT # L02000024376

1. Entity Name

TELNETUS, LLC.



Principal Place of Business

Mailing Address

9415 SUNSET DRIVE
SUITE #206
MIAMI FL 33173

9415 SUNSET DRIVE
SUITE #206
MIAMI FL 33173

2. Principal Place of Business

15476 NW 77th

3. Mailing Address

15476 NW 77th

Suite, Apt #, etc.

368

Suite, Apt #, etc.

368

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

Zip

33016

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE SOUZA, MATTHEW
9415 SUNSET DRIVE
SUITE #206
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

MARIO ZAMORA

Street Address (P.O. Box Number is Not Acceptable)

9415 SUNSET DR. #206

City

MIAMI LAKES

FL

Zip Code

33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME DE SOUZA, MATTHEW
STREET ADDRESS 9415 SUNSET DRIVE #206
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME MARIO ZAMORA
STREET ADDRESS 15476 NW 77th #368
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/29/03 305-825-8045

CR2E083 (10/02)