## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L24040

Entity Name: EXINTEL, INC.

GUINAND, MARIA E

11175 SW 70 AVE

MIAMI, FL 33156

Name: Address:

City-St-Zip:

FILED Apr 16, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11175 SW 70 AVE MIAMI, FL 33156 US **Current Mailing Address: New Mailing Address:** 11175 SW 70 AVE MIAMI, FL 33156 US FEI Number: 65-0149875 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, TEOFILO T 11175 SW 70 AVE PINECREST, FL 33156 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GUINAND, ALBERTO Name: Name: 11175 SW 70TH AVE Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: DCEO Title: () Delete () Change () Addition Name: GUTIERREZ, ALEJANDRO E. Name: 11303 NW 58 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GONZALEZ, TEOFILO L. Name: Name: 11175 S.W. 70 AVE Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TEOFILO L. GONZALEZ DP 04/16/2002