

2000 UNIFORM BUSINESS REPORT (UBR)

028628

DOCUMENT # L35271

1. Entity Name

TEL-PAGE CORP.

APPROVED
AND
FILED

00 FEB -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10873 S.W. 40TH STREET
MIAMI FL 33165-4410

Mailing Address

10873 S.W. 40TH STREET
MIAMI FL 33165-4410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0160686

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUENO, LUCILA
11265 S.W. 53RD TERRACE
MIAMI FL 33165

Name Serafin Francisco Bueno

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

11300 SW 57 Terr.

MIAMI

City MIAMI

FL

Zip Code

33173

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.

SIGNATURE

Serafin F. Bueno

2/3/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSD~~
NAME ~~BUENO, LUCILA~~
STREET ADDRESS ~~11265 S.W. 53RD TERRACE~~
CITY-ST-ZIP ~~MIAMI FL 33165~~ ☒ Delete

TITLE P
NAME Serafin Francisco Bueno ☐ Change ☒ Addition
STREET ADDRESS 11300 SW 57 Terr.
CITY-ST-ZIP MIAMI FL 33173

TITLE VP ☒ Delete
NAME BUENO, FRANCISCO
STREET ADDRESS 11300 SW 57 TERR.
CITY-ST-ZIP MIAMI FL 33173

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200003140662--0
STREET ADDRESS -02/21/00--01012--020
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Serafin F. Bueno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

305-221-1922
Daytime Phone #

CR2E034 (9/99)