

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90092 024 ****50.00

DOCUMENT # L99000003861

1. Entity Name
GEOTEL INTERNATIONAL, L.C.



Principal Place of Business
**8890 CORAL WAY, SUITE 213
MIAMI FL 33165**

Mailing Address
**8890 CORAL WAY, SUITE 213
MIAMI FL 33165**



2. Principal Place of Business

15590 NW 15 Ave

Suite, Apt. #, etc.
Miami FL 33169

City & State

3. Mailing Address

15590 NW 15 Ave

Suite, Apt. #, etc.

City & State

Miami FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0933017**

Applied For

Not Applicable

Zip

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, ANA M
8890 CORAL WAY, SUITE 213
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **DIAZ, Ana M.**

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

3261 SW 134 Ave

City **Miami**

FL

Zip Code **33175**

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

Ana M. Diaz

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

TITLE **MGRM** ☐ Delete
NAME **DIAZ, ANA M**
STREET ADDRESS **8890 CORAL WAY, SUITE 213**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☐ Delete
NAME **GONZALEZ, MAURIC E**
STREET ADDRESS **8890 CORAL WAY #213**
CITY-ST-ZIP **MIAMI FL 33165**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **15590 NW 15 Ave**
CITY-ST-ZIP **Miami FL 33169**

TITLE ☒ Change ☐ Addition
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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:

Ana M. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-16-2003 305626-0540

CR2E083 (10/02)