

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90046 027 ***150.00

DOCUMENT # M27081

1. Entity Name
TELECOMMUNICATION SERVICES & INFORMATION INC.



Principal Place of Business
20201 SW 198TH ST
MIAMI FL 33187
US

Mailing Address
20201 SW 198TH ST
MIAMI FL 33187
US

2. Principal Place of Business
21395 SW 216 St
Suite, Apt. #, etc.

3. Mailing Address
21395 SW 216 St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33170
Country
USA

City & State
MIAMI FL
Zip
33170
Country
USA

4. FEI Number
59-2634302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN R.
20201 SW 198TH ST
UNIT 123
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, JUAN R.
Street Address (P.O. Box Number is Not Acceptable)
21395 SW 216 St
City
MIAMI FL
Zip Code
33170

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☐ Delete
NAME
RODRIGUEZ, JUAN R.
STREET ADDRESS
20201 SW 198TH ST
CITY-ST-ZIP
MIAMI FL 33187

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
21395 SW 216 St
CITY-ST-ZIP
MIAMI, FL 33170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **03-08-03 305-271-1177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)