FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90924 001 ***750.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61243

1. Entity Name

TELESTATS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4119 N. STATE RD 7	1535 N Park Drive
Suite, Apt. #, etc. SUITE 128	Suite, Apt. #, etc. SUITE 103
City & State FT. Lauderdale, FL.	City & State WESTON, FL.
Zip 33319 Country US	Zip 33326 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012431 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when submitting)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Selmonsky, LARRY 4119 N. STATE Road 7 FT. Lauderdale, FL. 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President COHEN, mitchell 4119 N. STATE Road 7 FT. Lauderdale, FL. 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary COHEN, Steven 4119 N. STATE Road 7 FT. Lauderdale, FL. 33319
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joel Sand, CPA 5-1-03 954-385-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #