2001	UNI	FORM BUSI	R)	F	TLED	·)						
DOCUMENT # P0000005147 1. Entity Name TELECOM GLOBAL, INC.							Apr 21, 2001 08:00 AM Secretary of State					
Principal Plac		s	Mailing Address	<u> </u>	<u> </u>	-					-	
LAKE WORTH 33467	i	FL	LAKE WORTH 33467		FL							
2. Principal Place of Business 6580 COLUMBIA AVENUE			3. Mailing Address 6580 COLUMBIA AVENUE									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DC	NOT WRITE	IN THIS S	PACE	–	
City & State LAKE WORTH FL			City & State	FL		4. FEI Number 65-0978845	<u> </u>			pplied For		
Zip 33467		Country us	Zip 33467	Cour	ntry	- 1	. Certificate of Status	s Desired		8.75 Ad	ditional	1
	6. Name	and Address of Current			·	7	. Name and Addres	s of New Rec		ee Require	<u></u>	4
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL						ЛР	PRES Box Number is Not A					-
33134 US			D		City LAKE W	VODTH		<u>. </u>	FL	Zip Coo	le	-
8. The above	named entit	y submits_this statement for	r the purpose of changing its	register			agent, or both, in the	State of Florid		33467		1
SIGNATURE .	JP GA	BAY or printed name of registered agent a	and title if applicable, (NOTI	E: Registere	ed Agent signat	ure required who	en reinstating)	-	04/21/	2001	<u></u>	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! After MAY 1, 2001 Make Check Payable					will be \$!	550.00	10. Election Ca	mpaign Finar Contribution.	ncing		00 May Be d to Fees	
11.		OFFICERS AND		12.	N-26		ADDITIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTOR	S IN 11	_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GABAY 6580 COL LAKE WO	JEAN-PAUL UMBIA AVENUE DRTH	☐ Delete FL 33467			PSTD GABAY 6580 CO LAKE W	JEAN-PAUL LUMBIA AVENUE ORTH		FL :	Change 33467	☐ Addition	034 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-			•••	<u> </u>	☐ Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete	CITY	ME EET ADDRESS '-ST-ZIP					Change	Addition	
of the cor	poration or ti or on an atta	nt of supplemental report is ne receiver or trustee empo	this filing does not qualify for true and accurate and that no wered to execute this report with all other like empowered.	ny signa as redui	ifiire chail h	iava tha con	ne legal effect as if ma lorida Statutes; and th	ado undor on	h, that I ar	m na officar	or director	
	-··	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date Date		Da	vtime Phone #		

Date

Daytime Phone #