2001 UNIFORM BUSINESS REPORT (UBR)

4/4,

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-04-2001 90022 037 ***150.00

DOCUMENT # P00000008968

1. Entity Name
TELEMART MIAMI, INC.

Principal Place of Business
1514 EAST MAURY DR #104
HOMESTEAD, FL 33033

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6595 NW 36 ST # 319		6595 NW 36 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 319	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33166	Country: USA	Zip: 33166	Country: USA

4. FEI Number: 65-0977076 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CLARICE CAMPBELL
1514 E MAURY DR #104
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent
Name: CLARICE CAMPBELL
Street Address (P.O. Box Number is Not Acceptable): 6595 NW 36 ST. STE 319
City: MIAMI FL Zip Code: 33166

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 ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P/S/T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARICE CAMPBELL	NAME	
STREET ADDRESS	1514 MOWRY DR #104	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Clarice Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #