

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019219

1. Entity Name  
**TELEMAC COMMUNICATIONS INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90369 001 \*\*\*150.00

Principal Place of Business  
**10491 N. KENDALL DR.  
STE F202  
MIAMI FL 33176**

Mailing Address  
**10491 N. KENDALL DR.  
STE F202  
MIAMI FL 33176**

**300330**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**MIAMI 10491 N Kendall Dr**

3. Mailing Address  
**10491 N Kendall Dr**

Suite, Apt. #, etc.  
**Ste # F202**

Suite, Apt. #, etc.  
**Ste F202**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. Fee Number  
**650984481**

Applied For  
Not Applicable

Zip  
**33176**

Country  
**USA**

Zip  
**33176**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, CLEMENTE A  
16302 S.W. 103RD ST  
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name  
**CLEMENTE HERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**16302 SW 103rd St**  
City  
**MIAMI** Zip Code  
**33196**

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 **CLEMENTE HERNANDEZ**

**4/19/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HERNANDEZ, CLEMENTE 16302 S.W. 103RD ST MIAMI FL 33196</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CLEMENTE HERNANDEZ**

**4/19/01 3054123433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)