

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90038 031 \*\*\*150.00

**DOCUMENT #** P00000030162 ✓  
1. Entity Name**TELEFONICA MOVILES USA INC**Principal Place of Business  
1221 Brickell Avenue  
Miami, FL. 33131  
Mailing Address  
1221 Brickell Avenue c/o Patricia Menendez  
Miami, FL. 33131**769970**2. Principal Place of Business  
1221 Brickell Avenue  
Suite, Apt. #, etc.  
Suite 1200  
3. Mailing Address  
1221 Brickell Avenue c/o Patricia Menendez  
Suite, Apt. #, etc.  
Suite 1200

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FLA  
Zip  
33131  
Country  
USA  
City & State  
Miami, FLA  
Zip  
33131  
Country  
USA  
4. FEI Number  
65-0991791  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL. 33324  
7. Name and Address of New 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.

SIGNATURE \_\_\_\_\_  
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 Fees11. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUIS BUSTAMANTE  
1221 BRICKELL AV.  
MIAMI, FL., 33131  
Delete ☒  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
Delete ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐  
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARLOS MACRA  
1221 BRICKELL AV.  
MIAMI, FL., 33131  
Change ☐ Addition ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PATRICIA MENENDEZ CAMBO  
1221 BRICKELL AV.  
MIAMI, FL., 33131  
Change ☐ Addition ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ 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:** PATRICIA MENENDEZ CAMBO P.M. Cambo 4/30/01 305-9255417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)