

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035949

1. Entity Name

BOCA TELECOMMUNICATIONS INVESTORS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90026 043 ***150.00

Principal Place of Business

2601 SOUTH BAYSHORE DR. 9TH FL
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE DR. 9TH FL
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-099,8576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLLE, DENNIS J ESQ
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

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 Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input type="checkbox"/> Delete
NAME	MEDINA, MANUEL D	
STREET ADDRESS	2601 SOUTH BAYSHORE DR, 9TH FL	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D VP	<input type="checkbox"/> Delete
NAME	GOODKIND, BRIAN K	
STREET ADDRESS	2601 SOUTH BAYSHORE DR, 9TH FL	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	IRVING A. PADRON, JR. DVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING A. PADRON, JR.	
STREET ADDRESS	2601 S. BAYSHORE DR, 9TH FL	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE L. GONZALEZ	
STREET ADDRESS	2601 S. BAYSHORE DR, 9TH FL	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT D. SICHTA	
STREET ADDRESS	2601 S. BAYSHORE DR, 9TH FL	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert D. Sichta ROBERT D. SICHTA, ASST. SECRETARY 4/5/01 305-856-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)