

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040219

1. Entity Name

SELECT TELE MARKETING CORP.

Principal Place of Business

11775 S.W. 92 LANE
MIAMI FL 33186

Mailing Address

11775 S.W. 92 LANE
MIAMI FL 33186

2. Principal Place of Business

1414 N.W. 107 AVE

3. Mailing Address

1414 N.W. 107 AVE

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-1012865

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORMAZABAL
~~HORMAZABAL~~, FREDDY
11775 S.W. 92 LANE
MIAMI FL 33186

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 Fees

11. OFFICERS AND DIRECTORS

TITLE ~~P/D~~ P/D ☐ Delete
NAME HORMAZABAL, FREDDY
STREET ADDRESS 11775 S.W. 92 LANE
CITY-ST-ZIP MIAMI FL 33186

TITLE SD ☐ Delete
NAME FONTENELE, ROBERTO F
STREET ADDRESS 7109 N.W. 111 AVE.
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 500003552785--7
CITY-ST-ZIP -01/18/01--01008--002
****158.75 ****158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME ANGEL D. FUENTES
STREET ADDRESS 9955 SW 153 STREET
CITY-ST-ZIP MIAMI, FL. 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

FREDDY HORMAZABAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

(786) 845-0915

Daytime Phone #

CP2001 (10-99)