

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90138 014 ***150.00

DOCUMENT # P00000040219

1. Entity Name
SELECT TELE MARKETING CORP.



Principal Place of Business
1414 N.W. 107 AVE.
SUITE 302
MIAMI FL 33172

Mailing Address
1414 N.W. 107 AVE.
SUITE 302
MIAMI FL 33172



2. Principal Place of Business
1414 N.W. 107 AVE

3. Mailing Address
1414 N.W. 107 AVE.

Suite, Apt. #, etc.
SUITE 306

Suite, Apt. #, etc.
SUITE 306

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33172

Country
USA

Zip
33172

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME FUENTES, ANGEL D
STREET ADDRESS 9955 SW 153 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

786-845-0915

Date

Daytime Phone #

CR2E034 (10/02)