

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90011 014 ***550.00

A0082887

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000042915

1. Entity Name

MITELEFONICA.COM, INC.

Principal Place of Business

Mailing Address

1020 N.W. 163 DRIVE
 MIAMI, FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1003597

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMILO RESTREPO
 701 BRICKELL KEY BLVD APT.2503
 MIAMI, FL 33131

Name

CAMILO RESTREPO

Street Address (P.O. Box Number is Not Acceptable)

789 CRANDON BLVD APT.904

City

KEY BISCAVNE

FL

Zip Code
 33149

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

8/20/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to: Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
 NAME CAMILO RESTREPO
 STREET ADDRESS 701 BRIKELL KEY BLVD APT.2503
 CITY-ST-ZIP MIAMI, FL 33131

TITLE P ☒ Change ☐ Addition
 NAME CAMILO RESTREPO
 STREET ADDRESS CRANDON BLVD, APT. 904
 CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE VP/S ☐ Delete
 NAME CAMILO MEDINA
 STREET ADDRESS 1915 BRICKELL AVE. PH-5
 CITY-ST-ZIP MIAMI, FL 33129

TITLE VP/T/S ☐ Change ☒ Addition
 NAME CAMILO MEDINA
 STREET ADDRESS 1915 BRICKELL AVE. PH-5
 CITY-ST-ZIP MIAMI, FL 33129

TITLE T ☒ Delete
 NAME PABLO BRESSAN
 STREET ADDRESS 2 FARREY LANE
 CITY-ST-ZIP MIAMI BEACH, FL 33139

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/20/01

CR2E083 (11/00)