

FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90338 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000048647

1. Entity Name  
**PARK WEST TELECOMMUNICATIONS INVESTORS,  
INC.**



Principal Place of Business  
**2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133**

Mailing Address  
**2601 S. BAYSHORE DR., 9TH FLOOR  
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  
**65-1008363**

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

**LEIBOVITCH, ELLEN M  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133**

Name  
**ROBERT D. SICHTA**

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

**2601 S. BAYSHORE DR., 9TH FLOOR**

City  
**MIAMI**

FL Zip Code  
**33133**

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

**ROBERT D. SICHTA**

**3-25-03**

Signature, typed or printed name of registered agent and date 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MEDINA, MANUEL D  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOODKIND, BRIAN K  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PADRON, IRVING A JR  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FINVARB, ROBERT  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
GONZALEZ, JOSE E  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
SICHTA, ROBERT D SICHTA  
2601 S. BAYSHORE DR., 9TH FLOOR  
MIAMI, FL 33133** ☐ Delete

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

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:

**ROBERT D. SICHTA, ASST. SECRETARY**

**3-25-03**

**305-856-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)