

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 019 ***158.75

DOCUMENT # **P00000049920**

1. Entity Name

TELE DATOR INC ✓

DO NOT WRITE IN THIS SPACE

851682

2. Principal Place of Business

1633 E VINE ST

Suite, Apt. #, etc.

SUITE 203

3. Mailing Address

1633 E VINE ST

Suite, Apt. #, etc.

SUITE 203

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

4. FEI Number

59-3700041

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HUGO E. CASTELLANOS

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

14023 HERON POND CT

City

ORLANDO

FL

Zip Code

32824

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
HUGO E CASTELLANOS
14023 Heron Pond Ct
Orlando, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Isabel Bermudez
14023 Heron Pond Ct
Orlando, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Hugo E Castellanos
14023 Heron Pond Ct
Orlando, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hugo E Castellanos

HUGO E CASTELLANOS

4/25/02

407-694-0468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)