

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-11-2002 90224 023 ***150.00

DOCUMENT # P00000050477

1. Entity Name

DELTA & ALPHA - TELE.COM CORP.

Principal Place of Business

6701 SUNSET DR., STE 100
SOUTH MIAMI FL 33142

Mailing Address

6701 SUNSET DR., STE 100
SOUTH MIAMI FL 33142

2. Principal Place of Business

10 NW LeJeune Rd.

Suite, Apt. #, etc.

Suite 600

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Address

10 NW LeJeune Rd.

Suite, Apt. #, etc.

Suite 600

City & State

Miami, FL

Zip

33126

Country

USA

4. FEI Number

65-1010493

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA FE, ERNESTO J

~~6701 SUNSET DR., STE 100~~~~SOUTH MIAMI FL 33142~~

7. Name and Address of New Registered Agent

Name

Ernesto J. de la Fe, Esq.

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

10 N.W. LeJeune Road., Ste. 600

City

Miami

FL

Zip Code

33126

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.

Ernesto J. de la Fe, Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2002

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, 2002 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 NAME ☐ Delete

D AVILA DA SILVA, VICTOR MANUEL

STREET ADDRESS ~~6701 SUNSET DRIVE, STE 100~~CITY-ST-ZIP ~~MIAMI FL 33142~~TITLE NAME ☐ Delete

D DINIZ, ALBERTO

STREET ADDRESS ~~6701 SUNSET DRIVE, STE 100~~CITY-ST-ZIP ~~MIAMI FL 33142~~TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

RUA DE SANTIAGO, 503 R/C, 4460-809

CUSTOIAS MTS PORTUGAL ☒ Change ☐ Addition

RUA DE SANTIAGO, 503 R7C

4460-809 Custoias PORTUGAL

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/2002

CR2E034 (9/01)