

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000050587**

1. Entity Name

Moneytel, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6602 Lake Worth Road

3. Mailing Address

6602 Lake Worth Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

U.S.

Zip

33467

Country

U.S.

FEI Number

65-101-4330

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Carlos Badaraco
2655 Collins Avenue, Suite 1902
Miami Beach, FL 33140

7. Name and Address of New Registered Agent

Name
Carlos Badaraco
Street Address (P.O. Box Number is Not Acceptable)
6602 Lake Worth Road

City Lake Worth FL Zip Code 33467

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 Carlos Badaraco

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-00

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, 2001 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 Oscar Roque, D
STREET ADDRESS Saavedra 367
CITY-ST-ZIP Quilmes, Buenos Aires, Argentina



TITLE NAME Abel M. Lescano
STREET ADDRESS Maipu 872 10 C
CITY-ST-ZIP Capital Federal Buenos Argentina



TITLE NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

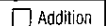


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Carlos Badaraco, P/S/T/D
STREET ADDRESS 6602 Lake Worth Road
CITY-ST-ZIP Lake Worth, FL 33467



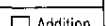
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP



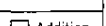
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP



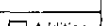
TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE NAME
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 empowered.

SIGNATURE: Carlos Badaraco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00

361-964-3055

CR2E034 (11/00)