

2001 UNIFORM BUSINESS REPORT (UBR)

05-22-2001 90629 011 ***150.00
P00000068412

DOCUMENT # P00000068412

1. Entity Name

NEWWORLD TELESITES, INC.

FILED

01 JUN 27 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1101 Brickell Ave
Suite 505N
Miami FL 33131

Mailing Address
1101 Brickell Ave
Suite 505N
Miami FL 33131

2. Principal Place of Business
80 SW 8th St
Suite, Apt. #, etc.
Suite 100
City & State
MIAMI FL
Zip
33130
Country
USA

3. Mailing Address
80 SW 8th St
Suite, Apt. #, etc.
Suite 100
City & State
MIAMI FL
Zip
33130
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1024996

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC
ONE SOUTHEAST THIRD AVENUE
28TH FL
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW WITH FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
PRESIDENT OMAR BOTERO CANAL 80 SW 8th St, Suite 100 MIAMI FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
VP MAURICIO BOTERO-PARAMO 80 SW 8th St, Suite 100 MIAMI FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-1-01 305-377-2001

Date

Daytime Phone

CR20034 (11/00)