

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069323

1. Entity Name  
ARCOIRIS TELECOMMUNICATIONS CORPORATION

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90347 038 \*\*\*150.00

Principal Place of Business

8045 NW 36TH ST.  
SUITE 540  
MIAMI FL 33166

Mailing Address

8045 NW 36TH ST.  
SUITE 540  
MIAMI FL 33166

2. Principal Place of Business

8045 NW 36 ST  
Suite, Apt. #, etc.  
SUITE 542

3. Mailing Address

8045 NW 36 ST  
Suite, Apt. #, etc.  
SUITE 542

City & State  
Miami, FL

City & State  
Miami, FL

Zip 33166

Country

Zip 33166

Country

4. FEI Number 651024577

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, NEWTON  
5800 SW 127 AVENUE, #2410  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

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

12474 SW 17th

City Miami

FL

Zip 33175

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) ☒

**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 D ☐ Delete  
NAME MOLL, ARTURO R  
STREET ADDRESS 5800 SW 127 AVENUE, #2410  
CITY-ST-ZIP MIAMI FL 33183

TITLE D ☐ Delete  
NAME SOLOMON, NEWTON  
STREET ADDRESS 5800 SW 127 AVENUE, #2410  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME MOLL, ARTURO R  
STREET ADDRESS AVENIDA POVOLO 2135, PROVIDENCIA  
CITY-ST-ZIP SANTIAGO DE CHILE, CHILE

TITLE ☒ Change ☐ Addition  
NAME SOLOMON, NEWTON  
STREET ADDRESS 12474 SW 17th  
CITY-ST-ZIP Miami, FL 33175

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2001

Date

3056392194

Daytime Phone #

CR2E034 (10/00)