

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90237 009 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000070720**

1. Entity Name

TELECOM NETWORKS, INC.

Principal Place of Business

1370 S. OCEAN BLVD., #503  
POMPANO BEACH FL 33062

Mailing Address

1370 S. OCEAN BLVD., #503  
POMPANO BEACH FL 33062

2. Principal Place of Business

1 NB 1 ST Metro Mall

Suite, Apt. #, etc.

316

City &amp; State

Miami FL

Zip

33132

Country

USA

3. Mailing Address

1 NB 1 ST

Suite, Apt. #, etc.

316 Metro Mall

City &amp; State

Miami FL

Zip

33132

Country

USA



DO NOT WRITE IN THIS SPACE

4. File Number

65-1075283

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUENZLER, ROBERT

1370 S. OCEAN BLVD., #503  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name Robert Kuenzler

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

1 NB 1 ST Suite 316

City

Miami

FL

Zip Code

33132

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, applicable.

(NOTE: Registered Agent signature required when resigning)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD KUENZLER, ROBERT	1370 S. OCEAN BLVD., #503	POMPANO BEACH FL 33062	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Vice President. Enrique Molina	1111 Brickell Bay Dr suite 330	Miami FL 33131	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)



Attachment # P00000070720

11641

July 23, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: 2001 Uniform Business Report

I received the form to pay in May 1, 2001 too late, actually I received both last week, is for that reason that I am sending a check \$150.00, to pay 2001 Uniform Business Report (UBR).  
Document # P00000070720

Sincerely

Robert Kuenzler