FILED

2001 UNIFORM BUSINESS REPORT (UBR

Jul 25, 2001 8:00 am P00000073292 **DOCUMENT # Secretary of State** TELA-NOVA COMMUNICATIONS, INC. 07-25-2001 90009 029 ***558.75 Principal Place of Business Mailing Address 23345 WATER CIRCLE 5970 S.W. 18TH STREET, SUITE 328 **BOCA RATON FL 33486 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For X Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRA NOVA, SALVATOR J Street Address (P.O. Box Number is Not Acceptable) 23345 WATER CIRCLE **BOCA RATON FL 33486** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PCEO** ☐ Delete TITLE Change (2/01)TERRANOVA, SALVATORE J 23345 WATER CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** NAME CALABRESE, DOMINICK MICHAEL SMITH NAME 23345 WATER CIRCLE BOCA RATON FL 33486 STREET ADDRESS 23345 WATER CIRCLE STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33486** CITY-ST-ZIP COO/T/5 TITLE TITLE CEOT Delete **Change** ☐ Addition .NAME DZUBA; ROMAN = --- " STREET ADDRESS 23345 WATER CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ 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.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

SIGNATURE:

ROMAN DZUBA -COO