## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P0000078370 1. Entity Name TELEXPRESS WORLD, INC 03-26-2001 90143 045 \*\*\*150.00 Principal Place of Business Mailing Address 1027 LAKE BISCAYNE WAY 1027 LAKE BISCAYNE WAY ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address ZC38 N. Orange Blosson Trais 638 N. O. B. T Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 79-3567878 City & State City & State Applied For issimmee iss fl Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34744 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of durrent Registered Agent Torge H. Gonzalez Stréet Address (P.O. Box Number is Not Acceptable) GONZALEZ, JORGE H ---1027 LAKE BISCAYNE WAY 2638 N. Orange Blassom Trai ORLANDO FL 32824 the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Jorge Gonzalez D Change Addition ☐ Delete TITLE TITLE 2630 N. Orange Blosson Trail NAME GONZALEZ, JORGE H NAME STREET ADDRESS STREET ADDRESS 1027 LAKE BISCAYNE WAY CITY-ST-ZIP CITY-ST-ZIP **ORLANDO FL 32824** ☐ Delete TITLE TITLE GONZALEZ, HILDA C NAME NAME STREET ADDRESS STREET ADDRESS 1027 LAKE BISCAYNE WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP - -CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information shoulded 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 lepost 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 instead 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 of an exercise with Nother like empowered. 13. I hereby certify that the information 3-22-41 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR