

PO00000083245

Supra  
Telecom

2620 S.W. 27th Ave.  
Miami FL 33133

600005113416--5  
-03/18/02--01060--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Supra Telecom, Net, Inc. RA  
(Corporation Name) (Document #) Change

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
02 MAR 29 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials DR

\*00789, 00721, 00524, 00671 4/1/02



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 21, 2002

Supra Telecom  
2620 S.W. 27th Ave.  
Miami, FL 33133

SUBJECT: SUPRA TELECOM.NET INC.  
Ref. Number: P00000083245

We have received your document for SUPRA TELECOM.NET INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Corporate Specialist

Letter Number: 602A00016957

RECEIVED  
02 MAR 28 AM 11:01  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : SUPRA TELECOM.NET INC.,
2. The mailing address of the corporation : 2620 SW 27th Avenue  
Miami, Florida 33133
3. Date of incorporation/qualification: 9/1/00 Document number: P00000083245
4. The name and address of the current registered agent and office:

OLUKAYODE A. RAMOS  
2620 SW 27th Avenue, Miami, Florida 33133

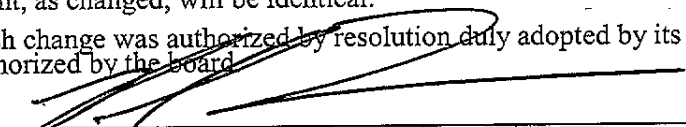
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

ESTHER SUNDAY  
2620 SW 27th Avenue  
Miami, Florida 33133

FILED  
02 MAR 28 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

3/25/02  
(Date)

PAUL TURNER (Asst. General Counsel)  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature of Registered Agent)

3/25/02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*