

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083520

1. Entity Name
TELENOOR, CORP.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90082 018 ***150.00

Principal Place of Business
**10242 NW 47 ST SUITE 38
SUNRISE FL 33351**

Mailing Address
**10242 NW 47 ST SUITE 38
SUNRISE FL 33351**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
9323 NW 53RD ST
Suite, Apt. #, etc.
City & State
SUNRISE, FL
Zip
33351
Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1036991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BENITEZ, JULIO A
10300 SUNSET DR SUITE 260
MIAMI FL 33173**

7. Name and Address of New Registered Agent
Name
RICK E. Schiffmiller
Street Address (P.O. Box Number is Not Acceptable)
10242 NW 47TH ST. STE # 32
City
SUNRISE **FL** Zip Code
33351

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: *Richard Schiffmiller* **4-04-10-01**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUBAYED, MOHAMAD 9829 NOB HILL CT SUNRISE FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOUBAYED, MOHAMAD 9323 NW 53RD ST SUNRISE FLORIDA 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *MOHAMAD MOUBAYED* **4/25/01 (954) 572-3635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)