

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90088 034 ***150.00

DOCUMENT # **P000000107074** ✓

1. Entity Name

GLOBAL TELESITE USA, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2200 SOUTH DIXIE HWY

3. Mailing Address
2200 SOUTH DIXIE HWY

Suite, Apt. #, etc.
702

Suite, Apt. #, etc.
702

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
651057342

Applied For
Not Applicable

Zip
33133

Country

Zip
33133

Country

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

7. Name and Address of Current Registered Agent

Name
TARRAU, GABRIEL

Street Address (P.O. Box Number is Not Acceptable)
2200 SOUTH DIXIE HWY Suite 702

City **MIAMI** **FL** Zip Code **33133**

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
TARRAU, GABRIEL
2200 South DIXIE HIGHWAY # 702
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL TARRAU 04/23/02 (305) 860-9675

Date

Daytime Phone #

CR2E034B (12/01)