

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90136 032 ***150.00

DOCUMENT # P00000108960

1. Entity Name

Gammatel International Corp.

Principal Place of Business 2050 Coral Way Suite 303 Miami, FL 33145	Mailing Address 2050 Coral Way Suite 303 Miami, FL 33145
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2. Principal Place of Business 7270 N.W. 12th St.	3. Mailing Address 7270 N.W. 12th St.
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Suite, Apt. #, etc. Suite 761	Suite, Apt. #, etc. Suite 761
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City & State Miami, FL	City & State Miami, FL
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Zip 33126-1929	Country U.S.A.	Zip 33126-1929	Country U.S.A.
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4. FEI Number 65-1056915	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

MUV47169

6. Name and Address of Current Registered Agent

Palacio, Andres
 2050 Coral Way, Suite 303
 Miami, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St.
Suite Suite 761
City Miami, FL
Zip Code 33126-1929

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)

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

TITLE D/P/T	<input type="checkbox"/> Delete
NAME Alacio, Andres	
STREET ADDRESS 2050 Coral Way, Suite 303	
CITY - ST - ZIP Miami, FL 33145	
TITLE D/S	<input type="checkbox"/> Delete
NAME Trujillo, Margarita	
STREET ADDRESS 2050 Coral Way, Suite 303	
CITY - ST - ZIP Miami, FL 33145	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Palacio, Andres	
STREET ADDRESS 7270 N.W. 12th St., Suite 761	
CITY - ST - ZIP Miami, FL 33126-1929	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Trujillo, Margarita	
STREET ADDRESS 2050 Coral Way, Suite 303	
CITY - ST - ZIP Miami, FL 33145	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andres Palacio

Andres Palacio

4-5-01

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #