

FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90032 041 \*\*\*150.00

DOCUMENT # P00000108960

1. Entity Name

Gammatel International Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7270 N.W. 12th St.

3. Mailing Address

7270 N.W. 12th St.

Suite, Apt. #, etc.

Suite 761

Suite, Apt. #, etc.

Suite 761

City & State

Miami, FL

City & State

Miami, FL

Zip

33126-1929

Country

Zip

33126-1929

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1056915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Palacio, Andres

Street Address (P.O. Box Number is Not Acceptable)

7270 N.W. 12th St.

Suite 761

City

Miami

FL

Zip Code

33126-1929

**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

*Andres Palacio*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-25-02

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  
D/P/T  
Palacio, Andres  
7270 N.W. 12th St., Suite 761  
Miami, FL 33126-1929

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/S  
Trujillo, Margarita  
7270 N.W. 12th St., Suite 761  
Miami, FL 33126-1929

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Andres Palacio*

Andres Palacio

04-25-02

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #