2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116460

1. Entity Name
COMTELCO, INC.

Principal Place of Business	Mailing Address
2588 SW 27TH AVENUE MIAMI FL 33133	2588 SW 27TH AVENUE MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1064336** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, ANTONIO 2588 SW 27TH AVENUE MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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, 2002 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

11. TITLE/NAME/STREET ADDRESS/CITY-ST-ZIP	Delete	12. TITLE/NAME/STREET ADDRESS/CITY-ST-ZIP	Change	Addition
TITLE D NAME GARCIA, ANTONIO STREET ADDRESS 2588 SW 27TH AVENUE CITY-ST-ZIP MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE SD NAME OHLSEN, VIRGINIA STREET ADDRESS 1017 N. WEST DR CITY-ST-ZIP DELTONA FL 32725	☐ Delete	TITLE NAME STREET ADDRESS 1017 Norwood Dr. CITY-ST-ZIP	☒ Change	☐ Addition
TITLE PD NAME OHLSEN, JAIME STREET ADDRESS 1017 N. WEST DR CITY-ST-ZIP DELTONA FL 32725	☐ Delete	TITLE NAME STREET ADDRESS 1017 Norwood Dr CITY-ST-ZIP	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/01)

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: _Antonio Garcia_ SIGNATURE REQUIRED Antonio Garcia   4/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #