

FILED  
Jun 12, 2003 8:00 am  
Secretary of State

06-12-2003 90006 042 \*\*\*558.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000007268

1. Entity Name  
ENTEL USA HOLDINGS, INC.



Principal Place of Business  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI, FL 33131

Mailing Address  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI, FL 33131

90155505



2. Principal Place of Business

4045 NW 9TH Avenue  
Suite, Apt. #, etc.

3. Mailing Address

4045 NW 9TH Avenue  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami, Florida  
Zip  
33178  
Country

City & State  
Miami, Florida  
Zip  
33178  
Country

4. FEI Number  
52-2343671

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPT  
URETA, FELIPE  
STREET ADDRESS  
701 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
D  
BURCHARDT, KONRAD  
STREET ADDRESS  
701 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
DS  
VARGAS, ALEJANDRO  
STREET ADDRESS  
701 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
DPT  
Ureta Felipe  
STREET ADDRESS  
4045 NW 9TH Avenue  
CITY-ST-ZIP  
Miami Florida 33178 ☒ Change ☐ Addition

TITLE  
NAME  
D  
Burchardt, Konrad  
STREET ADDRESS  
4045 NW 9TH Avenue  
CITY-ST-ZIP  
Miami Florida 33178 ☒ Change ☐ Addition

TITLE  
NAME  
DS  
Vargas, Alejandro  
STREET ADDRESS  
4045 NW 9TH Avenue  
CITY-ST-ZIP  
Miami Florida 33178 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/03 305-717-0200

CR2E034 (10/02)