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FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91749 040 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046088

1. Entity Name
INTERNATIONAL TELECOMMUNICATIONS SERVICES, INC.

DO NOT WRITE IN THIS SPACE

95319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6196-D LAUREL LANE		6196-D LAUREL LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMARAC, FLORIDA		City & State: TAMARAC, FLORIDA	
Zip: 33319	Country: U.S.A	Zip: 33319	Country: U.S.A.

4. FEI Number ~~770-455-2360~~ 65-1109913 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ARSHAD BHATTI
Street Address (P.O. Box Number is Not Acceptable): 6196-D LAUREL LANE
City: TAMARAC FL Zip Code: 33319

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 ARSHAD BHATTI PRST — 05/13/02
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	PRESIDENT
NAME	ARSHAD BHATTI
STREET ADDRESS	6196-D LAUREL LANE
CITY-ST-ZIP	TAMARAC, FL. 33319
TITLE	DIRECTOR
NAME	ARSHAD BHATTI
STREET ADDRESS	6196-D LAUREL LANE
CITY-ST-ZIP	TAMARAC, FL. 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (×6) — DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: A. Bhatti ARSHAD BHATTI — 05/13/02 — 954-937-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #