

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

DOCUMENT # **P01000074646**

1. Entity Name

TELCO DATA, INC.

**FILED
May 02, 2002 8:00 am
Secretary of State**

05-02-2002 90101 047 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9111 S.W. 122nd Avenue
Suite, Apt. #, etc.
103

3. Mailing Address
9111 S.W. 122nd Avenue
Suite, Apt. #, etc.
103

City & State
Miami, FL
Zip
33186

City & State
Miami, FL

Zip
33186 Country
U.S.A.

4. FEI Number
65-1128736

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

Name
Mark R. Colodne
Street Address (P.O. Box Number is Not Acceptable)
9450 Boca Gardens C.S.

City
Boca Raton FL Zip Code
33496

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)

4/18/2002

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
**P
Annabell Rodriguez
9111 S.W. 122nd Ave. #103
Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
Carlos Fierro
9111 S.W. 122nd Ave. #103
Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

Date

Daytime Phone #

CR25034B (12/01)