

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

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

05-02-2002 90101 047 ***150.00

DOCUMENT # **P01000074646**

1. Entity Name

TELCODATA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9111 S.W. 122nd Avenue

3. Mailing Address

9111 S.W. 122nd Avenue

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

U.S.A.

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**

7. Name and Address of Current Registered Agent

Name

Mark R. Coladine

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

9455 Boca Gardens C.S.

City

Boca Raton

FL

Zip Code

33496

**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

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

**Carlos Fierro
9111 S.W. 122nd Ave. #103
Miami, FL 33186**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 #

CR2E034B (12/01)