2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State P01000076634 DOCUMENT # 1. Entity Name VIP-TELECOM, CORP 04-18-2002 90372 003 ***150.00 Mailing Address Principal Place of Business 8209 N.W. 68 ST 8209 N.W. 68 ST **MIAMI FL 33166** MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 888 View Circle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1127791 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONTENEGRO, CAMILO Street Address (P.O. Box Number is Not Acceptate 9098 N.W. 40TH STREET **CORAL SPRINGS FL 33065** Zip Code City 3<u>327</u> 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. M Change ☐ Addition ☐ Delete TITLE TITLE NAME MONTENEGRO, RODRIGO NAME 888 CREST VIEW CIRCLE STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME GOMEZ, RAUL NAME STREET ADDRESS 8522 N.W. 66TH ST STREET ADDRESS CITY-ST-7IP **MIAMI FL 33166** CITY-ST-ZIP ☐ Addition __ Change Delete_ TITLE TITLE MONTENEGRO, CAMILO NAME NAME 9098 N.W. 40TH ST. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

RODEKO MOTTENEZROZO.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

April 08 2002
Date Daytime Phone #