

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076735

1. Entity Name

INTELL TELECOM SOLUTIONS, INC.

Principal Place of Business

9840 SW 1 COURT  
PLANTATION FL 33324

Mailing Address

9840 SW 1 COURT  
PLANTATION FL 33324

2. Principal Place of Business

3540 N.W. 56th St.

3. Mailing Address

3540 N.W. 56th St.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City &amp; State

Fort Lauderdale, FL

City &amp; State

Fort Lauderdale, FL

Zip

33309

Zip

33309

Country

4. FEI Number

 Applied For  
 Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HERRERA, MARTIN A  
9840 SW 1 COURT  
PLANTATION FL 33324

## 7.. Name and Address of New Registered Agent

Name Martin A. Herrera  
Street Address (P.O. Box Number is Not Acceptable)  
3540 N.W. 56th St.  
Suite 207  
City Fort Lauderdale FL Zip Code 33309

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)

DATE

04/04/2002

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.   
(See criteria on back)FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  Delete  
NAME Martin A. Herrera  
STREET ADDRESS 3540 N.W. 56th St., Suite 207  
CITY-ST-ZIP Fort Lauderdale, FL 33309TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
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STREET ADDRESS  
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CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2002 (954) 486-3701

Date

Daytime Phone #

033322  
AV

CR2E034 (9/01)