

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90227 002 ***150.00

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DOCUMENT # P01000078978

1. Entity Name
TELE-TEL COMMUNICATIONS CORPORATION



Principal Place of Business
2990 NW 24 ST
MIAMI FL 33142

Mailing Address
C/O LESLIE ALAN ROZENCWAIG, P.A.
ONE SE 3RD AVE., STE. 960
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2990 N.W. 24th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

33142

Country

USA

4. FEI Number

65-1129325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN
1SE 3RD AVE., STE. 960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP FLORES, HECTOR
12950 SW 2ND ST.
MIAMI FL 33184

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS FLORES, DANNY
13301 SW 25TH TERRACE
MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 219-2504

Daytime Phone #

CR2E034 (10/02)