

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 026 ***150.00

DOCUMENT # P01000106242

1. Entity Name

TELECOMMUNICATIONS UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

427073

2. Principal Place of Business

10200 E. BAY HARBOR DR.

3. Mailing Address

10200 E. BAY HARBOR DR.

Suite, Apt. #, etc.

90

Suite, Apt. #, etc.

90

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-1151121

Applied For

Not Applicable

Zip

33154

Country

U.S.A.

Zip

33154

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CRISTIAN - JAVIER GIACCHE

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

10200 E. BAY HARBOR DR. # 90.

City

MIAMI

FL

Zip Code

33154

**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)

03/01/02.

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 P.P.S
NAME CRISTIAN J. GIACCHE
STREET ADDRESS 10200 E. BAY HARBOR DR. #90.
CITY-ST-ZIP MIAMI, FL. 33154

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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

03/01/02

Date

786-486-2747

Daytime Phone #

CR2E034B (12/01)