

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90718 025 ***150.00

DOCUMENT # P01000106271

1. Entity Name
EXTRATEL, INC.

Principal Place of Business
1402 BRICKELL BAY DRIVE SUITE 1103
MIAMI FL 33131

Mailing Address
1402 BRICKELL BAY DRIVE SUITE 1103
MIAMI FL 33131

00142176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1680 Michigan Ave.

3. Mailing Address
1680 Michigan Ave.

Suite, Apt. #, etc.
Suite 1022

Suite, Apt. #, etc.
Suite 1022

City & State
MIAMI Beach FL

City & State
MIAMI Beach, FL

Zip
FL-33139

Country
USA

Zip
33139

Country
USA

FEI Number
65-1149871

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NUNEZ-ZAMBRANO, DIEGO
1402 BRICKELL BAY DRIVE SUITE 1103
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
NUNEZ-ZAMBRANO, Diego
 Street Address (P.O. Box Number is Not Acceptable)
1680 Michigan Ave, Suite 1022
 City
MIAMI Beach FL Zip Code
33139

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 **Nunez Zambrano -**

MAY-13-02

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
 NAME
NUNEZ-ZAMBRANO, DIEGO
 STREET ADDRESS
1402 BRICKELL BAY DRIVE SUITE 1103
 CITY-ST-ZIP
MIAMI FL 33131

TITLE
D ☐ Delete
 NAME
ACOSTA, CARLOS
 STREET ADDRESS
1402 BRICKELL BAY DRIVE SUITE 1103
 CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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: **Nunez Zambrano** **MAY-13-02**

305-5311025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)