2003

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91900 029 ***150.00

DOCUMENT # P02000041293

1. Entity Name
TELECOMM TRADING INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
3399 NW 72 AVE SUITE 216 Miami FL 33015	3399 NW 72 AVE. SUITE 216 Miami FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	16300 NE 19 AVE Suite, Apt. #, etc. SUITE C
City & State	City & State N. Miami Beach FL
Zip / Country	Zip 33162 / Country

4. FEI Number 65-1015877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDO SILVA
16300 NE 19 AVE
SUITE C.
N. Miami Beach FL 33162

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.

SIGNATURE: _____ 4/30/03
Signature, typed or printed name of registered agent and title if applicable (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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HANNEKA BARROS 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANNEKA BARROS 3399 NW 72 AVE SUITE 216 Miami FL 33015 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOSE CARVAJAL 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOSE CARVAJAL 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANNEKA BARROS 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANNEKA BARROS 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALID SABBAGH 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALID SABBAGH 3399 NW 72 AVE. SUITE 216 Miami FL 33015 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Hanneka Barros 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date