

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

3/1

03-17-2003 90705 019 ***150.00

DOCUMENT # P02000042326

1. Entity Name
SPEEDTEL LATIN AMERICA, INC.



Principal Place of Business
**2414 97TH AVE.
MIAMI FL 33172**

Mailing Address
**2414 97TH AVE.
MIAMI FL 33172**



2. Principal Place of Business
2614 NW 97TH AVE.
Suite, Apt. #, etc.

3. Mailing Address
2614 NW 97TH AVE.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33172
Country

City & State
MIAMI FL
Zip
33172
Country

4. FEI Number
03-0449723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstalling)

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. ☐ **\$5:00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D ALACAYO, RAFAEL N**
STREET ADDRESS **CALLE ISLA DE MARGARITA, QTA LOREL, PB**
CITY-ST-ZIP **CUMBRAS DE CURUMO, CARACAS**

TITLE ☐ Delete
NAME **D ALFONZO, OMAR N**
STREET ADDRESS **AV. PRINCIPAL DEL CAFETAL, EDIFICIO**
CITY-ST-ZIP **VENTUARI, APTO 11, CARACAS**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D RAFAEL NOTTARO**
STREET ADDRESS **4656 NW 107 AVE**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Change ☐ Addition
NAME **D CHAR NOTTARO**
STREET ADDRESS **4656 NW 107 AVE**
CITY-ST-ZIP **MIAMI, FL 33178.**

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
CITY-ST-ZIP

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 RAFAEL NOTTARO**

2/28/03 (305) 591-9172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)