

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0296379 AV

DOCUMENT # P02000101711

1. Entity Name
COMPUTEL LATINO AMERICA, INC.



FILED

03 MAY -8 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7255 NW 68 ST #14
MIAMI FL 33166

Mailing Address
7255 NW 68 ST #14
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

7105 SW 8 ST
309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33144

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

SILVA, FERNANDO
16300 NE 19 AVE STE C
NORTH MIAMI BEACH FL 33162

Name

MURCIA ISMAEL

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

6951 N.W. 82 AV

City

Miami

FL

Zip Code

33166

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]

MURCIA ISMAEL

4/30/03

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME MURCIA, ISMAEL
STREET ADDRESS 7255 NW 68 ST #14
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS 6951 N.W. 82 AV
CITY-ST-ZIP Miami FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS 200018833292
CITY-ST-ZIP 05/13/03--01032--021 **150.00

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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] MURCIA ISMAEL (305) 226-3943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)