

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 042 ***150.00

DOCUMENT # P93000021937

1. Entity Name

ENHANCED TELECOMMUNICATIONS & TRANSMISSIONS CORP

Principal Place of Business

Mailing Address

P O BOX 1943
 STE S-205D
 HALLANDALE FL 33008
 US

P O BOX 1943
 APT 402
 HALLANDALE FL 33008-1943
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0404535

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENTIN, ALVIN
200 EAST BROWARD BOULEVARD
SUITE 1210
FORT LAUDERDALE FL 33301

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

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSALES, LINA	
STREET ADDRESS	AV. URDANETA, ED. PROTEXO, OF 43	
CITY-ST-ZIP	CARACAS VE	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSALES, LINA	
STREET ADDRESS	AV. URDANETA, ED. PROTEXO, OF. 43	
CITY-ST-ZIP	CARACAS VE	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROSALES, LINDA	
STREET ADDRESS	AV URDANETA, ED PROTEXO, OF43	
CITY-ST-ZIP	CARACAS VE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS PEREZ	
STREET ADDRESS	AV. URDANETA, ED. PROTEXO, OF. 43	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DOUGLAS PEREZ
DOUGLAS PEREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/00

Date

Daytime Phone #

CR2E034 (9/99)