

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90065 033 ***158.75

DOCUMENT # P93000024231

1. Entity Name

RIUTEL FLORIDA, INC. ✓

Principal Place of Business

Mailing Address

17875 Collins Ave. 3101 Collins Ave
 Miami Beach, FL 33160 Miami Beach, FL 33140

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

65-0402019

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00056668

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, DONALD D. JR
 9500 S. DAdeland Blvd.
 Suite 700
 Miami, FL 33156

7. Name and Address of New Registered Agent

Name: GARY L. BROWN
 Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd
 Suite 265-S
 City: Hollywood FL Zip Code: 331021

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 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: PT Delete
 NAME: Luis Riu
 STREET ADDRESS: 3101 Collins Avenue
 CITY-ST-ZIP: Miami Beach, Florida 33140

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

TITLE: DSVP Delete
 NAME: Carmen Guell Riu
 STREET ADDRESS: 3101 Collins Avenue
 CITY-ST-ZIP: Miami Beach, Florida 33140

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

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 CITY-ST-ZIP: Delete

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 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)(l), 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)