2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # **P93000028663** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name SOUTHERN TEL, INC. 04-24-2000 90150 031 ***150.00 Mailing Address Principal Place of Business 12515 N KENDALL DR 12515 N KENDALL DR **STE 200** MIAMI FL 33186-1830 MIAMI FL 33186 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0458153 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLYTH, JAMES D Street Address (P.O. Box Number is Not Acceptable) 12515 N KENDALL DR **STE 200 MIAMI FL 33186** Zip Code gits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition STD TITLE Delete TITLE COOLEY, RHONDA S NAME NAME STREET ADDRESS 11750 S.W. 113TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition ☐ Change ☐ Delete TITLE TITLE BLYTH, JAMES D NAME NAME STREET ADDRESS STREET ADDRESS 11750 S.W. 113TH COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

YTH President 4/17/2000 305-271-17)