

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90002 038 \*\*\*150.00

**DOCUMENT # P94000000144**

1. Entity Name

**TELE EXPORT CORPORATION**

Principal Place of Business

Mailing Address

~~5151 COLLINS AVE., NBR. 1602~~  
~~MIAMI BEACH FL 33140~~

~~5151 COLLINS AVE., NBR. 1602~~  
~~MIAMI BEACH FL 33140-2717~~

2. Principal Place of Business

**5161 COLLINS AVENUE**

Suite, Apt. #, etc.

**#1602**

City & State  
**MIAMI BEACH FLORIDA**

Zip  
**33140**

Country  
**USA**

3. Mailing Address

**5161 COLLINS AVENUE**

Suite, Apt. #, etc.

**#1602**

City & State  
**MIAMI BEACH FLORIDA**

Zip  
**33140**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0457949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE OLIVEIRA, ROGERIO A**  
**20355 NE 34TH COURT**  
**SUITE 722**  
**AVENTURA FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5161 COLLINS AVENUE #1602**

City  
**MIAMI BEACH**

**FL**

Zip Code  
**33140**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DE OLIVEIRA, LUIZ J</b>	
STREET ADDRESS	<b>20355 NE 34TH COURT, SUITE 722</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DE OLIVEIRA, EDUARDO C</b>	
STREET ADDRESS	<b>20355 NE 34TH COURT #722</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GIANSANTE, CARLOS ALBERTO</b>	
STREET ADDRESS	<b>20355 NE 34TH COURT #722</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DE OLIVERIA, ROGERIO A</b>	
STREET ADDRESS	<b>20355 NE 34TH COURT #722</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5161 COLLINS AVENUE #1602</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL, 33140</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5161 COLLINS AVENUE #1602</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL, 33140</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5161 COLLINS AVENUE #1602</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL, 33140</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rogério A. De Oliveira* 2/16/00. (305) 868 5585

Date

Daytime Phone #

CR2E034 (9/99)