

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90094 043 ***550.00

DOCUMENT # P94000000144

1. Entity Name

TELE EXPORT, CORPORATION

DO NOT WRITE IN THIS SPACE

978207

2. Principal Place of Business

4757 NW 72ND AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4757 NW 72ND AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA,

City & State
MIAMI FLORIDA,

4. FEI Number
65-0457949

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROGERIO A. DE OLIVEIRA

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

4757 NW 72ND AVENUE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Rogério A. de Oliveira

(NOTE: Registered Agent signature required when reinstating)

8/21/02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LUIZ J. DE OLIVEIRA
RUA DO SEMINARIO 177 CENTRO
CEP 01034-040 SAO PAULO SP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
EDUARDO C. DE OLIVEIRA
RUA DO SEMINARIO 177 CENTRO
CEP 01034-040 SAO PAULO SP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CARLOS ALBERTO GIANANTE
RUA DO SEMINARIO 177 CENTRO
CEP 01034-040 SAO PAULO SP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROGERIO A. DE OLIVEIRA
RUA DO SEMINARIO 177 CENTRO
CEP 01034-040 SAO PAULO SP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rogério A. de Oliveira

8/21/02. (305) 477-5450.

Date

Daytime Phone #

CR2E034B (12/01)