

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004166

1. Entity Name
WHOLESALE TELECOM CORPORATION

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90114 001 *****8.75
04-24-2001 90114 002 ***150.00

Principal Place of Business
2100 PONCE DE LEON BLVD
1020
CORAL GABLES FL 33134
US

Mailing Address
2100 PONCE DE LEON BLVD
1020
MIAMI FL 33134
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0461467**
Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
GALOPPI, PIERLUIGI L
2100 PONCE DE LEON BLVD
#1020
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name **GUILLERMO CARAM**
Street Address (P.O. Box Number is Not Acceptable) **2100 PONCE DE LEON BLVD.**
SUITE 1020
City **CORAL GABLES** **FL** Zip Code **33134**

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 *Guillermo Caram* **GUILLERMO CARAM** **3/29/01**
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, 2001 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALOPPI, PIERLUIGI		NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD #1020		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUILLERMO, CARAM		NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD #1020		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CINI, JOSEPH		NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD #1020		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTO, GALOPPI		NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD #1020		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIBA, ANDREA		NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD #1020		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *Guillermo Caram* **GUILLERMO CARAM VS** **3/29/01** **305-913-0320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0162651

CR2E034 (10/00)