

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050194

1. Entity Name
TELETALIA, INC.

FILED

02 NOV 18 AM 10:22

Principal Place of Business
4840 NW 7th St.,
Miami FL 33126

Mailing Address
4840 NW 7th St.,
Miami FL 33126

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009047417
11/18/02--01052--006 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0503223		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

VALDES, LEANDRO
4840 NW 7th Street.,
Miami FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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: DPS NAME: VALDES, LEANDRO STREET ADDRESS: 4840 N.W 7th Street., CITY-ST-ZIP: Miami FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: VALDES, TERESA STREET ADDRESS: 4840 N.W 7th Street., CITY-ST-ZIP: Miami FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leandro E. Valdes* / *TERESA VALDES*

CR2E034 (11/00)

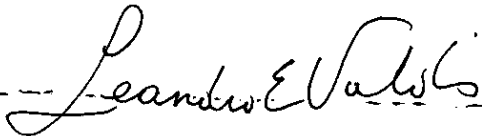
Division of Corporations
Tallahassee, FL 32302

RE REF: TELETALIA, INC.
ANNUAL BUSINESS REPORT

Doc. # P94000050194

To Whom It May Concern:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. In the future we will send the report on time. Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.
Sincerely,



President

10-10-78
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