

2 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90052 046 ***150.00

DOCUMENT # P95000008106

1. Entity Name
SWEDTEL, INC.

Principal Place of Business

10520 N.W. 26 ST.
 C-101
 MIAMI FL 33172
 US

Mailing Address

10520 N.W. 26 ST.
 C-101
 MIAMI FL 33172
 US

2. Principal Place of Business

10640 NW 27 St.
 Suite, Apt. #, etc.
 201

3. Mailing Address

3966 Estepona Ave
 Suite, Apt. #, etc.

City & State
 MIAMI, FL

Zip
 33172

Country
 USA

City & State
 MIAMI, FL

Zip
 33178

Country
 USA

4. FEI Number 65-0555590

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONTEAGUIDO, Xiomara S.
 10520 N.W. 26 ST. C-101
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

3966 Estepona Avenue

City

MIAMI, FL

FL

Zip Code

33178

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDQVIST, EVA	
STREET ADDRESS	10520 N.W. 26 ST. C-101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDGREN, BJORN	
STREET ADDRESS	10520 N.W. 26 ST. C-101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONTEAGUDO, Xiomara S.	
STREET ADDRESS	10520 N.W. 26 ST. C-101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KARLSSON, JAN R	
STREET ADDRESS	10520 N.W. 26 ST. C-101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUNDDTROM, JIMMY	
STREET ADDRESS	10520 N.W. 26 ST. C-101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manby, CARLOS	
STREET ADDRESS	10640 NW 27 ST #201	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bravo, Diego	
STREET ADDRESS	10640 NW 27 ST #201	
CITY-ST-ZIP	MIAMI, FL 33172	
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	10640 NW 27 St. #201	
CITY-ST-ZIP	MIAMI, FL 33172	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

305-593-9559

Daytime Phone #

CR2E034 (9/01)