

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90064 016 ***150.00

DOCUMENT # P95000024361

1. Entity Name

WESTON USA TELCOM, INC.

Principal Place of Business

Mailing Address

102714 NW 46 STREET
SUNRISE FL 33351**102714 NW 46 STREET**
SUNRISE FL 33351

2. Principal Place of Business

10271 N.W. 46TH STREET

Suite, Apt. #, etc.

3. Mailing Address

10271 NW 46TH STREET

Suite, Apt. #, etc.

City & State
SUNRISE FL,City & State
SUNRISE FL,Zip
33354Country
BROWARDZip
33354Country
BROWARD4. FEI Number **65-0578247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****AGUILAR, FRANCISCO C**
1818 PARK AVENUE
FT LAUDERDALE FL 33326**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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **PSD** ☐ Delete
NAME **AGUILAR, FRANCISCO C**
STREET ADDRESS **1818 PARK AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**TITLE **D** ☐ Delete
NAME **DA COSTA, MOACYR P JR**
STREET ADDRESS **10271 NW 46TH STREET**
CITY-ST-ZIP **SUNRISE FL 33351**TITLE **D** ☐ Delete
NAME **GLAUCY, MARIA AVILA A**
STREET ADDRESS **1818 PARK AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)