

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

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90960 037 ***150.00

DOCUMENT # P95000026021 ✓
1. Entity Name
TeleCuba, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 444 Brickell Ave Suite, Apt. #, etc. Suite 224		3. Mailing Address P.O. Box 10469 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country U.S.A.	Zip 33101	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-057-1292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Luis G. Coello
Street Address (P.O. Box Number is Not Acceptable) 2377 W 10 Ave
City Hialeah
State FL
Zip Code 33010

**DO NOT WRITE
IN THIS SPACE**

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 *Luis G. Coello* **DATE** 3-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 President	NAME Luis G. Coello
STREET ADDRESS 444 Brickell Ave, Suite 224	
CITY-ST-ZIP Miami, FL 33131	

TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: *Luis G. Coello* **DATE** 4/19/02 **Daytime Phone #** (305) 371-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)