

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045869

1. Entity Name

TEL-TECH COMMUNICATIONS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90089 031 ***150.00

Principal Place of Business

1910 WEST 56TH STREET
APARTMENT #3416
HIALEAH FL 33012

Mailing Address

1910 WEST 56TH STREET
APARTMENT #3416
HIALEAH FL 33015-4145

2. Principal Place of Business

16692 NW 74 PL

Suite, Apt. #, etc.

3. Mailing Address

16692 NW 74 PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL.

City & State

HIALEAH FL.

4. FEI Number

65-0593381

Applied For

Not Applicable

Zip

33015

Country

Zip

33015

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALDIA, DOMINGO

~~1910 WEST 56TH STREET~~ 16692 NW 74 PL
~~APARTMENT #3416~~
~~HIALEAH FL 33012~~ 33015

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, 2000 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	PVST	<input type="checkbox"/> Delete
NAME	SALDIA, DOMINGO	
STREET ADDRESS	1910 WEST 56TH STREET, APT. #3416	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16692 NW 74 PL	
CITY-ST-ZIP	HIALEAH FL. 33015	
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		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

(305) 556-5338

Daytime Phone #

CR2E034 (9/99)