2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33131-2405

3. Mailing Address

City & State

Suite, Apt. #, etc.

444 BRICKELL AVE. STE 500

DOCUMENT # P95000085324

1. Entity Name

MIAMI FL 33131

Principal Place of Business

444 BRICKELL AVE. STE 500

2. Principal Place of Business

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TAPIA, ARTURO

MIAMI FL 33131

NUNES, JAMES

MIAMI FL 33131

444 BRICKELL AVE. STE 500

444 BRICKELL AVE, STE 500

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Suite, Apt. #, etc.

City & State

TEL-PAN COMMUNICATIONS CORPORATION

Country Country Zio \$8.75 Additional 5. Certificate of Status Desired. ___. _____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing -\$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ▼ Addition TITLE ☐ Delete TITLE Director GONCALVES, IVONNE NAME NAME Asdrubal Hernandez STREET ADDRESS 444 BRICKELL AVE, STE 500 STREET ADDRESS 444 Brickell Avenue, #500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Miami, FL 33131 ☐ Change Addition Delete TITLE TITLE Director BARLETTA, NICOLAS A Frank G. Kardonski NAME NAME STREET ADDRESS 444 Brickell Avenue, #500 444 BRICKELL AVE, STE 500 STREET ADDRESS City-ST-ZIP CITY-ST-ZIP MIAMI FL.33131 Miami, FL 33131 --☐ Change X Addition **ASD** M Delete TITLE Director DE PAREDES, CARLOS G NAME Harry L. Anderson STREET ADDRESS 444 BRICKELL AVE, STE 500 STREET ADDRESS 444 Brickell Avenue, #500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 <u> Miami, FL 33131</u>

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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 his 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 impowered.

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

Secretary

Benito Osorio

<u>Miami, FL 33131</u> Treasurer

<u>Miami. FL 33131</u>

Frank G. Kardonski

444 Brickell Avenue, #500

444 Brickell Avenue, #500

Date

☐ Delete

Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 23, 2000 8:00 am Secretary of State

05-23-2000 90053 001 ***300.00

DO NOT WRITE IN THIS SPACE

65-0629372

Applied For

Not Applicable

Addition

Addition

Addition

☐ Change

☐ Change

☐ Change

Daytime Phone #

4. FEI Number