## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000085324 1. Entity Name TEL-PAN COMMUNICATIONS CORPORATION 4-27-2001 90383 010 \*\*\*150.00 Principal Place of Business Mailing Address 444 BRICKELL AVE. STE 500 444 BRICKELL AVE. STE 500 MIAMI FL 33131 **MIAMI FL 33131** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For -City & State 4. FFI Number 65-0629372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 \_ DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 41.~ OFFICERS AND DIRECTORS 12. 3R2E034 (10/00) TITLE Change Addition ☐ Delete TITLE GONCALVES, IVONNE NAME NAME 444 BRICKELL AVE, STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition □ Delete TITLE TITLE BARLETTA, NICOLAS A NAME NAME 444 BRICKELL AVE, STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **MIAMI FL 33131** ASD Delete Treasurer & Director X Change Addition TITLE TITLE DE PAREDES, CARLOS G NAME Frank G. Kardonski NAME 444 BRICKELL AVE. STE 500 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP X Addition Change TITLE □ Delete TITLE Director TAPIA, ARTURO NAME NAME Harry L. Anderson 444 BRICKELL AVE. STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Detete Change Addition Director NUNES, JAMES NAME NAME Asdrubal Hernandez 444 BRICKELL AVE. STE 500 STREET ADDRESS STREET ADDRESS CITY ST ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 😾 Secretary NAME NAME Benito Osorio STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED UP 19 E OF SIGNING OFFICER OR DIRECTOR