

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089852

1. Entity Name  
US TELECOM GROUP, INC.



**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91512 048 \*\*\*150.00

0205451 AV

Principal Place of Business  
444 BRICKELL AVE.  
SUITE 224  
MIAMI FL 33131

Mailing Address  
P. O. BOX 10469  
MIAMI FL 33101

60024103



2. Principal Place of Business <b>444 Brickell Ave</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 700</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33131</b>	Country <b>U.S.A.</b>	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>COELLO, LUIS G</b> <b>444 BRICKELL AVE.</b> <b>SUITE 224</b> <b>MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Coello, Luis G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 Brickell Ave,</b> <b>Suite 700</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>[Signature]</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-23-03</b>			

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD COELLO, LUIS G 444 BRICKELL AVE, SUITE 224 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD Coello, Luis G. 444 Brickell Ave, Suite 700 Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**  
Date

**(305) 371-5810**  
Daytime Phone #

CR2001/0304/10/02