2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000006828** Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** TELDAR TELECOMMUNICATIONS SOLUTIONS, INC. 02-23-2000 90011 015 ***150.00 Principal Place of Business Mailing Address 7321 TAYLOR STREET 7321 TAYLOR STREET HOLLYWOOD FL 33024-7259 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address_ 7657 PINKS BLUP BLID 7657 PINKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0642792 ffm BROKK 8 FM BROKE PINES Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33024 BROW ARI Fee Required BRUWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIEVES, FRANK Street Address (P.O. Box Number is Not Acceptable) 7321 TAYLOR STREET HOLLYWOOD FL 33024 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE NAME NIEVES, FRANK NAME STREET ADDRESS STREET ADDRESS 7321 TAYLOR STREET CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33024 ☐ Delete TITLE BENITO, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 7321 TAYLOR STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #