

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022821

1. Entity Name

TEL-PAN TELEPORT CORP.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90383 016 \*\*\*150.00

Principal Place of Business

444 BRICKELL AVENUE  
SUITE 500  
MIAMI FL 33131  
US

Mailing Address

444 BRICKELL AVENUE  
SUITE 500  
MIAMI FL 33131  
US

00042735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0765631

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 2001 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 TD  
NAME BARLETTA, NICOLAS A ☐ Delete  
STREET ADDRESS 444 BRICKELL AVE STE 500  
CITY-ST-ZIP MIAMI FL 33131

TITLE Director ☐ Change ☒ Addition  
NAME Arturo Tapia  
STREET ADDRESS 444 Brickell Ave. Ste 500  
CITY-ST-ZIP Miami, FL 33131

TITLE S  
NAME CARRICATE, LUISE A ☐ Delete  
STREET ADDRESS 444 BRICKELL AVE STE 500  
CITY-ST-ZIP MIAMI FL 33131

TITLE Director & Treasurer ☐ Change ☒ Addition  
NAME Frank G. Kardonski  
STREET ADDRESS 444 Brickell Ave. Ste 500  
CITY-ST-ZIP Miami, FL 33131

TITLE S  
NAME KARDONSKI, DENISE ☐ Delete  
STREET ADDRESS 444 BRICKELL AVE STE 500  
CITY-ST-ZIP MIAMI FL 33131

TITLE Director ☐ Change ☒ Addition  
NAME Asdrubal Hernandez  
STREET ADDRESS 444 Brickell Ave. Ste 500  
CITY-ST-ZIP Miami, FL 33131

TITLE P  
NAME GONCALVES, IVONNE ☐ Delete  
STREET ADDRESS 444 BRICKELL AVE STE 500  
CITY-ST-ZIP MIAMI FL 33131

TITLE Director ☐ Change ☒ Addition  
NAME Harry L. Anderson  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME Benito Osorio  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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)(l), 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

4/10/01

Date

805) 373-8832

Daytime Phone #

CR2E034 (10/00)