

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037840

1. Entity Name

ITELSA (USA), INC.

Principal Place of Business

444 BRICKELL AVENUE
SUITE 650
MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE
SUITE 650
MIAMI FL 33131

2. Principal Place of Business

2801 PONCE DE LEON BLVD

3. Mailing Address

2801 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 650

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
USA

Suite, Apt. #, etc.
SUITE 650

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0755749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIENTRAU, JAMES
444 BRICKELL AVE
SUITE 650
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name JAMES WIENTRAU
Street Address (P.O. Box Number is Not Acceptable)
2801 PONCE DE LEON BLVD., SUITE 650
City Coral Gables FL Zip Code 33134

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 James L Weintraub, R.A. + SECRETARY
JAMES L WIENTRAU

4-16-01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WEINTRAUB, ALBERT L 444 BRICKELL AVE., SUITE 650 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINTRAUB-CEBALLOS, CLAIRE 444 BRICKELL AVE STE 650 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE PRESIDENT/DIRECTOR ALBERT L. WIENTRAU 2801 PONCE DE LEON BLVD, STE 650 CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR CLAIRE WEINTRAUB-CEBALLOS 2801 PONCE DE LEON BLVD, STE 650 CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LFO RICHARD MILITELLO 2801 PONCE DE LEON BLVD, STE 650 CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CLARE WEINTRAUB - CEBALLOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 305-490-7400
Date Daytime Phone #

0158828

CR2E034 (10/00)