

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0158828

DOCUMENT # P97000037840

05-01-2001 90015 036 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2801 PONCE DE LEON BLVD	3. Mailing Address 2801 PONCE DE LEON BLVD.
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Suite, Apt. #, etc. SUITE 650	Suite, Apt. #, etc. SUITE 650
City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA

Zip 33134	Country USA	Zip 33134	Country USA
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4. FEI Number 65-0755749	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. ASST. SECRETARY** DATE **4-16-01**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
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 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	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	S WEINTRAUB-CEBALLOS, CLAIRE 444 BRICKELL AVE STE 650 MIAMI FL 33131 <input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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"/> 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

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: **CLAIRE WEINTRAUB - CEBALLOS** DATE **4-16-01** DAYTIME PHONE # **305-490-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)