## 2001 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FILED}$ DOCUMENT # P970000 69184 Apr 20, 2001 8:00 am Secretary of State Tel com. Net, INC. 04-20-2001 90103 001 \*\*\*750.00 Principal Place of Business Mailing Address 17701 Biscarne BIVD 17701 Biscarne BIM Third Floor Third Floor B8402 AVENTHUA, PL 33160 WS AVENTURA, PL 33160. V.S 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-07773*57* Not Applicable \$8.75 Additional Country Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nemser & Wolls, P.A. Arie NAchler 18999 Biscarre BIVD. Street Address (P.O. Box Number is Not Acceptable) N. MIAMI Beach, FL 33180 7701 Biscappe Blva., ThirD <u>A VN</u> T<sub>N</sub>9VA 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 na (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 / 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President & Director (PSO) - Change DITECTOR TITLE Delete TITLE EiDelstein, Joel 17701 Biscarre Blue-3th Floor Pospischel, Gastavo 17701 Biscarne BIVD- 3RD Floor NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AVENTHYA, PL 33160 AVENTUVA, PL 33180 TITLE Delete TITLE Change ☐ Addition FULLMAN, DAN NAME NAME 17701 Biscasne BlvD-340 Floor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AVENTUYA, PL 33180 TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employeed 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 GUSTAVO POSPISCHEL SIGNATURE: