## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # **P97000082884** 1. Entity Name ITELSA GLOBAL TELECOM SERVICES, INC. 05-12-2001 90012 022 \*\*\*150.00 Principal Place of Business Mailing Address 444 BRICKELL AVENUE SUITE 650 444 BRICKELL AVENUE SUITE 650 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2801 Ponce De Leon Blud. 1801 Ponce De Leon Blud. Suite, Apt. #, etc. uite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 65 o City & State Galdes, City & State 4. FEI Number Applied For 65-0791855 ral Gables Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMES WEINTRAUS WEINTRAUB, JAMES Street Address (P.O. Box Number is Not Acceptable) ITELSA USA INC. 444 BRICKELL AVE., #650 **MIAMI FL 33131** 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 DOUBLE Registered A fent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE WEINTRAUB, ALBERT L NAME NAME 444 BRICKELL AVENUE SUITE 650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEINTRAUB-CEBALLOS, CLAIRE NAME NAME 444 BRICKELL AVE., #650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP PD TITLE TITLE \_\_\_\_Delete Change Addition ELLIS," MARSHALL" NAME NAME 444 BRICKELL AVE #650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME 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 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

Date

Date

Date

Date

Description of the certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if the certified of the corporation 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 the corporation or the receiver or trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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