2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092461

DOCUMENT # P9700092461 1. Entity Name TOTALCOM AMERICA CORPORATION				Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90076 001 ***150.00		
Principal Plac	e of Business	Mailing Address				
SUITE G-34		6175 NW 167TH STREET SUITE G-34 MIAMI FL 33015-4362		B002790U		
2. Principal P	lace of Business	3. Mailing Address	·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Number 65-0794532 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi	tional
	6. Name and Address of Current Re	egistered Agent	1	7. Name and Address of New Registered		
			Name			
IZQUIERDO, ANTONIO 6175 NW 167TH STREET SUITE G-34 MIAMI FL 33015 Street Address (P.O. Box Number is Not Acceptable) City						
			City	FL	Zip Code	,
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida.	.I	
SIGNATURE .	Signature, typed or printed name of registered agent and	titite if applicable. (NOTE, F	tegistered Agent signature requ	red 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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D	1	1 2,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	SIN 11
TITLE	DP	☐ Delete	TITLE		☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	ALMENARA, ANTONIO BRITO 6175 NW 167TH STREET, SUITE (MIAMI FL 33015		NAME STREET ADDRESS CITY-ST-ZIP			R2E034 (9/99
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRITO, ANTONIO E 6175 NW 167TH STREET, SUITE (□ Delete 3-34	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33015 DS IZQUIERDO, ANTONIO 1571 HARBOUR SIDE DR WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITO, MARIA I 1571 HARBOURSIDE DR WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEOTOR E 35320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME		Delete	TITLE NAME		☐ Change	☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED