

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90023 019 ***158.75

0087989

DOCUMENT # P97000092461

1. Entity Name

TOTALCOM AMERICA CORPORATION

Principal Place of Business

Mailing Address

6175 NW 167TH STREET
 SUITE G-34
 MIAMI FL 33015

6175 NW 167TH STREET
 SUITE G-34
 MIAMI FL 33015

2. Principal Place of Business

111 NE FIRST STREET

3. Mailing Address

111 NE FIRST STREET

Suite, Apt. #, etc.

9TH FLOOR, SUITE 900

Suite, Apt. #, etc.

9TH FLOOR, SUITE 900

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33132

Country

U.S.A.

Zip

33132

Country

U.S.A.

4. FEI Number

65-0794532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IZQUIERDO, ANTONIO
6175 NW 167TH STREET
SUITE G-34
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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, 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 **DP** Delete
 NAME **ALMENARA, ANTONIO BRITO**
 STREET ADDRESS **6175 NW 167TH STREET, SUITE G-34**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DV** Delete
 NAME **BRITO, ANTONIO E**
 STREET ADDRESS **6175 NW 167TH STREET, SUITE G-34**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DS** Delete
 NAME **IZQUIERDO, ANTONIO**
 STREET ADDRESS **1571 HARBOUR SIDE DR**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **S** Delete
 NAME **BRITO, MARIA I**
 STREET ADDRESS **1571 HARBOURSIDE DR**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Antonio Izquierdo
ANTONIO IZQUIERDO

Feb/9/2001

Date

Daytime Phone #

CR2E034 (10/00)