

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012049

1. Entity Name  
CRISTEL TELECOM, INC.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business  
905 E. Martin Luther  
King Dr.

3. Mailing Address  
200 N. Garden Ave.

Suite, Apt. #, etc.  
Suite 380

Suite, Apt. #, etc.  
Suite A

City & State  
Tarpon Springs, FL

City & State  
Clearwater, FL

REINSTATEMENT

4. FEI Number  
59-3491000

Zip  
34689

Country  
Pinellas

Zip  
33755

Country  
Pinellas

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Nouhack Vongprachanh  
35246 U.S. 19 North, Suite 206  
Palm Harbor, FL 34684

Name  
Ronald P. Teevan

Street Address (P.O. Box Number is Not Acceptable)  
200 N. Garden Avenue

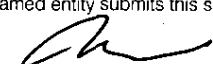
Suite A

City  
Clearwater

FL

Zip Code  
33755

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  Ronald P. Teevan 04/05/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/V/S/T/D  
Nouhack Vongprachanh  
905 E. Martin Luther King Dr., Suite 380  
Tarpon Springs, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
0000004191140-5  
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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:  Nouhack Vongprachanh 04/05/01 (727) 939-9684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)