

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P98000012049  
 1. Entity Name  
**CRISTEL TELECOM, INC.**

**FILED**  
 01 APR 24 PM 12:47  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business  
**905 E. Martin Luther King Dr.**  
 Suite, Apt. #, etc.  
**Suite 380**  
 City & State  
**Tarpon Springs, FL**  
 Zip  
**34689** Country  
**Pinellas**

3. Mailing Address  
**200 N. Garden Ave.**  
 Suite, Apt. #, etc.  
**Suite A**  
 City & State  
**Clearwater, FL**  
 Zip  
**33755** Country  
**Pinellas**

**REINSTATEMENT** 00-01

4. FEI Number  
**59-3491000**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

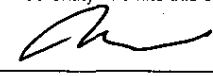
Name  
**Ronald P. Teevan**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/V/S/T/D	<b>Nouhack Vongprachanh</b>	<b>905 E. Martin Luther King Dr., Suite 380</b>	<b>Tarpon Springs, FL 34689</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)