

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90280 031 ***150.00

DOCUMENT # P 980000 57240

1. Entity Name

STWA TELECOMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2601 S. BAYSHORE DR.

3. Mailing Address

2601 S. BAYSHORE DR.

Suite, Apt. #, etc.

9TH FLOOR

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

650847072

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

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

Name

ROBERT D. SICHTA

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

2601 S. BAYSHORE DR.

9TH FLOOR

City

MIAMI

FL

Zip Code

33133

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]

ROBERT D. SICHTA

4/24/01

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 ☒ Delete
NAME SUAREZ, AMANCIO V.
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 1006
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☒ Addition
NAME B. P.
STREET ADDRESS BRIAN K. GOODKIND
CITY-ST-ZIP 2601 S. BAYSHORE DR., 9TH FLOOR
MIAMI, FL 33133

TITLE ☒ Delete
NAME SUAREZ, AMANCIO J.
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 1006
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☒ Addition
NAME J. VP
STREET ADDRESS JOSE SEGRERA
CITY-ST-ZIP 2601 S. BAYSHORE DR., 9TH FLOOR
MIAMI, FL 33133

TITLE ☒ Delete
NAME GLICKEN, HAROLD
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 1006
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☒ Addition
NAME J. VP S.
STREET ADDRESS JOSE E. GONZALEZ
CITY-ST-ZIP 2601 S. BAYSHORE DR., 9TH FLOOR
MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS ROBERT D. SICHTA
CITY-ST-ZIP 2601 S. BAYSHORE DR., 9TH FLOOR
MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

[Signature]

ROBERT D. SICHTA, ASST. SECY.

4/24/01

305-856-3240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)