

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90038 033 \*\*\*150.00

DOCUMENT # **PA8600070877** ✓  
 1. Entity Name  
**TELEFONICA INTERNACIONAL USA INC.**

Principal Place of Business  
**1221 BRICKELL AV.**  
**MIAMI, FL., 33131**

Mailing Address  
**1221 BRICKELL AVENUE SUITE 1200.**  
**MIAMI, FLORIDA, 33131**  
**C/O PATRICIA MENENDEZ CAMBO**

**769968**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1221 Brickell Avenue**  
 Suite, Apt. #, etc.  
**Suite 1200**  
 City & State  
**Miami, FLA**

3. Mailing Address  
**1221 Brickell Avenue**  
 Suite, Apt. #, etc.  
**Suite 1200**  
 City & State  
**Miami, FLA**

Zip  
**33131**

Country  
**Usa**

4. FEI Number  
**65-082470**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST.**  
**TALLAHASSEE 32301**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	JUAN ROVIRA	1001 BRICKELL BAY DRIVE	MIAMI, FL., 33131	<input checked="" type="checkbox"/>
D	RAFAEL HERNANDEZ	1001 BRICKELL BAY DRIVE	MIAMI, FL., 33131	<input checked="" type="checkbox"/>
D	ENRIQUE CARRASCAL	1001 BRICKELL BAY DRIVE	MIAMI, FL., 33131	<input checked="" 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	Change	Addition
D/S	JUAN CARLOS ROS	1221 BRICKELL AVENUE	MIAMI, FL., 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MANUEL COSTA MARQUES	1221 BRICKELL AVENUE	MIAMI, FL., 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/CEO	ANTONIO VIANA	1221 BRICKELL AVENUE	MIAMI, FL., 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	MAURICIO KUSCHE	1221 BRICKELL AVENUE	MIAMI, FL., 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VS	PATRICIA MENENDEZ CAMBO	1221 BRICKELL AVENUE	MIAMI, FL., 33131	<input type="checkbox"/>	<input checked="" 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: **PATRICIA MENENDEZ CAMBO** *P. Menendez* **4/30/01** **305 925-5417**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)