FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91204 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082876

1. Entity Name
COMUNICATEL, INC.

Principal Place of Business
203 N. KROME AVENUE
HOMESTEAD FL 33030

Mailing Address
203 N. KROME AVENUE
HOMESTEAD FL 33030

[redacted]

2. Principal Place of Business: 201 N Krome Ave
Suite, Apt. #, etc.
City & State: Homestead FL
Zip: 33030 Country: DADE

3. Mailing Address: 201 N Krome Ave
Suite, Apt. #, etc.
City & State: Homestead FL
Zip: 33030 Country: DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-8[illegible]96 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPUSANO, VENECIA
203 N. KROME AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11550 SW 148 CT
City: Miami FL Zip Code: 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE 3/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	CAMPUSANO, LEANDRO	
STREET ADDRESS	203 N. KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	☐ Delete
NAME	CAMPUSANO, VENECIA	
STREET ADDRESS	203 N. KROME AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	SC	☐ Delete
NAME	CAMPUSANO, CLAUDIA	
STREET ADDRESS	11550 SW 148 CT	
CITY-ST-ZIP	Miami FL 33196	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	11550 SW 148 CT	
CITY-ST-ZIP	Miami FL 33196	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	11550 SW 148 CT	
CITY-ST-ZIP	Miami FL 33196	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ______ 3/26/03 305-242-9089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)