

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090153

1. Entity Name

C.I.T. COMPANIA INTERNACIONAL DE TELECOMUNICACIO

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90033 039 ***150.00

Principal Place of Business
C/O ROTH. ROUSSO & BENJAMIN. P.A.
9350 S DIXIE HWY.. PH 2
MIAMI FL 33156

Mailing Address
C/O ROTH. ROUSSO & BENJAMIN. P.A.
9350 S DIXIE HWY.. PH 2
MIAMI FL 33156-2944

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0872730**

Applied For
Not Applicable

Zip Country

Zip Country

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

ROTH, LEONARDO A
9350 S DIXIE HWY, PH 2
MIAMI FL 33156

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, 2000 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 ☐ Delete
NAME **PSD**
STREET ADDRESS **MANUEL STIGOL, EDUARDO**
CITY-ST-ZIP **GODOY CRUZ 3056, P, 23 D**
1425 BUENOS AIRES ARGENTINA

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ELIAS ZVILICH, ISAAC**
CITY-ST-ZIP **JUNCAL 3220, P 24 B**
1425 BUENOS AIRES ARGENTINA

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **DANIEL ZVILICH, GUSTAVO**
CITY-ST-ZIP **CORONEL DIAZ 2170, P 24 B**
1425 BUENOS AIRES ARGENTINA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/00 (305) 670 9994