2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000003551** Jan 27, 2000 8:00 am **Secretary of State** TELECOM INTERNATIONAL SERVICES INC. 01-27-2000 90112 035 ***150.00 Principal Place of Business Mailing Address 782 NW LEJEUNE ROAD 782 NW LEJEUNE ROAD SUITE 441 SUITE 441 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Add ss PONCE DE LEON VONCE DE LEON DO NOT WRITE IN THIS SPACE SUITE 330 33Ô City & State City & State Applied For Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 33/34 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES M NOY LUIS, AGUSTIN O SR. Street Address (P.O. Box Number is Not Acceptable) 2115 COUNTRY CLUB PRADO CORAL GABLES FK 33134 CAMPOSANO A tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy is Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D PRESIDENT Addition Delete TITLE TITLE CHARLES M. NOY 1231 CARLOSANO AV. LUIS, AGUSTIN O SR. NAME NAME STREET ADDRESS 782 NW LEJEUNE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** CORAL GABLES, FI 33146 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME - -----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 attackment with an address, with all other like empowered.