

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012401

1. Entity Name

D & R TELCOM, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90037 014 ***150.00

Principal Place of Business

12637 N.W. 7 LANE
MIAMI FL 33182

Mailing Address

12637 N.W. 7 LANE
MIAMI FL 33182-2096

2. Principal Place of Business

11293 SW 88 ST

3. Mailing Address

Suite, Apt. #, etc. **← SAME**

City & State

Suite, Apt. #, etc. **M-208**
City & State **MIAMI FL**

Zip **33176** Country **USA**

Zip Country

4. FEI Number

050896364

Applied For

Not Applicable

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

BANDRICH, RICHARD
12637 N.W. 7 LANE
MIAMI FL 33182

Name **RUBEN D. VELA**

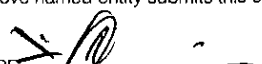
Street Address (P.O. Box Number is Not Acceptable)

11293 SW 88 ST

#M-208

City **MIAMI** **FL** Zip Code **33176**

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 **3/1/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VELA, DARIO**
STREET ADDRESS **12637 N.W. 7 LANE**
CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE **VPD** ☒ Delete
NAME **BANDRICH, RICHARD**
STREET ADDRESS **12637 N.W. 7 LANE**
CITY-ST-ZIP **MIAMI FL 33182**

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

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

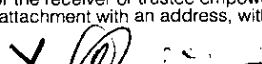
TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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 #

CR2E034 (9/99)