

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

0192639 AV

**DOCUMENT # P99000024092**

**1. Entity Name**  
**PRONTEL CORPORATION**

02-01-2002 90027 050 \*\*\*150.00

**Principal Place of Business**  
**2834 NW 79TH AVENUE**  
**MIAMI FL 33173**

**Mailing Address**  
**2834 NW 79TH AVENUE**  
**MIAMI FL 33173**



**2. Principal Place of Business**

**3. Mailing Address**  
**3016 NW 79 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**City & State**  
**Miami - FL**

**4. FEI Number**  
**65-0926323**

**Applied For**  
**Not Applicable**

**Zip** **Country**

**Zip** **Country**  
**33122** **USA**

**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**

**DIEZ, MARIO**  
**11900 SW 25TH TERRACE**  
**MIAMI FL 33175**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VP** ☐ **Delete**  
**NAME** **DIEZ, MARIO**  
**STREET ADDRESS** **11900 SW 25 TERRACE**  
**CITY-ST-ZIP** **MIAMI FL 33175**

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

**TITLE** **P** ☐ **Delete**  
**NAME** **DIEZ, CHRISTINA G**  
**STREET ADDRESS** **11900 SW 25 TERRACE**  
**CITY-ST-ZIP** **MIAMI FL 33175**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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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)(l), 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

**01-17-02** **(305) 406-9051**  
Date Daytime Phone #

CR2E034 (9/01)