

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000027476**1. Entity Name
TELEMANDO USA, INC.**Principal Place of Business**%AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVE, SUITE 900
MIAMI
33131

FL

Mailing Address%AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVE, SUITE 900
MIAMI
33131

FL

2. Principal Place of Business

5805 BLUE LAGOON DRIVE

3. Mailing Address

C/O AGI REGISTERED AGENTS, INC.

Suite, Apt. #, etc.
SUITE 300Suite, Apt. #, etc.
1200 BRICKELL AVE, SUITE 900City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33126

Country

Zip
33131

Country

4. FEI Number
65-0904967

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVE, SUITE 900MIAMI
33131

FL

US

7. Name and Address of New Registered Agent

Name

AGI REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVE, SUITE 900City
MIAMI

FL

Zip Code
33131

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 **ROBERT R. ADAMS, PRESIDENT****05/01/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	KNOLL DAVID	
STREET ADDRESS	1200 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOLL BLANCA	
STREET ADDRESS	1200 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOLL RONALD	
STREET ADDRESS	1200 BRICKELL AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: RONALD KNOLL

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)