2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000036391** TELRATE, INC. 04-19-2000 90060 049 ***150.00 Mailing Address Principal Place of Business 300 BISCAYNE BOULEVARD WAY 300 BISCAYNE BOULEVARD WAY **SHITE 1100 SUITE 1100** MIAMI FL 33131 MIAMI FL 33131-2210 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEIL, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD MIAMI CENTER, 10TH FLOOR **MIAMI FL 33131** 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. Richard Millard (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change Delete TITLE President/Treasurer TITLE NAME WEIL, KENNETH J NAME Richard P. Millard STREET ADDRESS STREET ADDRESS 201 S. BISCAYNE BLVD. MIAMI CENTER, 10TH F 300 Biscayne Blvd. Way, Suite 1100 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Miami, FL <u>33131</u> XX Addition ☐ Change Delete TITLE TITLE Vice President/Secretary NAME NAME Laurie Lee Suquet STREET ADDRESS STREET ADDRESS 300 Biscayne Blvd. Way, Suite 1100 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 ☐ Addition ☐ Delete TITLE 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 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.

(14 (1) (1)