## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 13, 2002 8:00 am Secretary of State P99000036998 DOCUMENT # 1. Entity Name TELEDOOR CORP. 05-13-2002 90111 021 \*\*\*150.00 Principal Place of Business Mailing Address 100 S BISCAYNE BLVD 100 S BISCAYNE BLVD **SUITE 1100** SUITE 1100 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924913 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required= 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLO, JEROME Street Address (P.O. Box Number is Not Acceptable) 100 S BISCAYNE BLVD 1100 MIAMI FL 33131 City 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. SIGNATÚŘE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition HOLLO, TIBOR NAME NAME STREET ADDRESS 100 S BISCAYNE BLVD STE 1100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HOLLO, WAYNE STREET ADDRESS 100 S BISCAYNE BLVD STE 1100 STREET ADDRESS CITY-ST-ZIE MIAMI FL 33131 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME HOLLO, JEROME S NAME STREET ADDRESS 100 S BISCAYNE BLVD STE 1100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 ampowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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