

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 20, 2000 8:00 am**
Secretary of State

01-20-2000 90174 002 ***150.00

DOCUMENT # P99000055439

1. Entity Name

LD TELECOMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**600 BRICKELL AVE
SUITE 206E
MIAMI FL 33131****600 BRICKELL AVE
SUITE 206E
MIAMI FL 33131-2520**

2. Principal Place of Business

600 BRICKELL AVE.

Suite, Apt. #, etc.

700

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Address

600 BRICKELL AVE

Suite, Apt. #, etc.

700

City & State

MIAMI FL

Zip

33131

Country

USA

4. FEI Number

65-0931655

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LAHRSEN, CARLOS F
600 BRICKELL AVE
SUITE 206E
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

CARLOS LAHRSEN

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

600 BRICKELL**SUITE 700**

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-12-009. 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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete		PRESIDENT			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	LAHRSEN, CARLOS F	600 BRICKELL AVE	MIAMI FL 33131			CARLOS LAHRSEN	600 BRICKELL AVE SUITE 700	MIAMI, FL. 33131	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LAHRSEN, FELIPE J	600 BRICKELL AVE	MIAMI FL 33131						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

01-12-00

Date

305-358-8952

Daytime Phone #

CR2E034 (9/99)