

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082803

1. Entity Name

FIALLOTTEL, CORP.

Principal Place of Business

9206 N.W. 144 TERR.
MIAMI LAKE FL 33018

Mailing Address

9206 N.W. 144 TERR.
MIAMI LAKE FL 33018-7369

2. Principal Place of Business

8760 SW 133 AVE RD

Suite, Apt. #, etc.
107

3. Mailing Address

8760 SW 133 AVE RD

Suite, Apt. #, etc.
107

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33183

Country

DADE

Zip

33183

Country

DADE

4. FEI Number

65-0948799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MECON, JORGE
8706 S.W. 133 AVE. RD. #107
MIAMI FL 33183

7. Name and Address of New Registered Agent

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, 2000 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 PD ☐ Delete
NAME FIALLO, ORLANDO
STREET ADDRESS 9206 N.W. 144 TERR.
CITY-ST-ZIP MIAMI LAKE FL 33018

TITLE VPD ☐ Delete
NAME MECON, JORGE
STREET ADDRESS 8706 S.W. 133 AVE. RD. #107
CITY-ST-ZIP MIAMI FL 33183

TITLE SD ☐ Delete
NAME BERMUDEZ, MAURICIO
STREET ADDRESS 9788 S.W. 147 PL
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90100 007 ***150.00



DO NOT WRITE IN THIS SPACE

CP20004 (0/00)

03-31-00.