

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90058 030 ***150.00

DOCUMENT # P99000087304

1. Entity Name

AMERICAN TELECOM SERVICES, INC.

Principal Place of Business

C/O MICHAEL ORTIZ
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES FL 33134

Mailing Address

C/O MICHAEL ORTIZ
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES FL 33134-4304

2. Principal Place of Business

8245-3 N.W. 36th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0951915

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

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 Delete
 NAME **D, P, S, T**
 STREET ADDRESS **Salvador Ramirez**
 CITY-ST-ZIP **8245-3 N.W. 36th Street**
Miami, FL 33166

TITLE Delete
 NAME **D, VP**
 STREET ADDRESS **Victor Alcazar**
 CITY-ST-ZIP **8245-3 N.W. 36th Street**
Miami, FL 33166

TITLE Delete
 NAME **D, VP**
 STREET ADDRESS **Enrique Salinas Patron**
 CITY-ST-ZIP **8245-3 N.W. 36th Street**
Miami, FL 33166

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

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:

REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

305.463.0801

Daytime Phone #

CR20004 (0/00)