

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087304

1. Entity Name

AMERICAN TELECOM SERVICES, INC.

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

04-25-2000 90058 030 ***150.00

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 #

4/17/00

305.463.0801

CE2EN24 (0/00)