

Amendment
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 26 PM 2:13

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 999000087304
1. Entity Name
 American Telecom Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8245-3 NW 36th Street Suite, Apt. #, etc.		3. Mailing Address c/o Michael Ortiz, P.A. Suite, Apt. #, etc. 2121 Ponce de Leon Blvd	
City & State Miami, FL		City & State Coral Gables, FL	
Zip 33166	Country U.S.A.	Zip 33134	Country U.S.A.

4. FEI Number 65-0951915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd Suite 330
City Coral Gables FL Zip Code 33134

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 **DATE** 11/25/02

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 Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Director Monica M. Bello 8245-3 NW 36th Street Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000009019750 11/15/02--01034--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer Eduardo Bello 8245-3 NW 36th Street Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael Ortiz 2121 Ponce de Leon Blvd, #330 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **DATE** 11/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)