

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 034 ***150.00

DOCUMENT # P99000087304

1. Entity Name
AMERICAN TELECOM SERVICES, INC.



Principal Place of Business
**8245-3 NW 36TH STREET
MIAMI FL 33168
US**

Mailing Address
**C/O MICHAEL ORTIZ
2600 DOUGLAS ROAD, PH6
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address
2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 330

City & State

City & State
Coral Gables, Florida

4. FEI Number
65-0951915

Applied For
Not Applicable

Zip

Country

Zip
33134

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTIZ, MICHAEL
2600 DOUGLAS ROAD
PH6
CORAL GABLES FL 33134**

Name
Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable)
**2121 Ponce de Leon Blvd,
Ste. 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALCAZAR, VICTOR 8245-3 NW 36TH STREET MIAMI FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, ADRIAN D 8245-3 NW 36TH STREET MIAMI FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, MICHAEL 2600 DOUGLAS ROAD, PENTHOUSE SIX CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BELLO, EDUARDO 8245-3 NW 36TH STREET MIAMI FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael Ortiz 2121 Ponce de Leon Blvd, Ste. 330 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other firms empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2003 305 476 5270

CR2E034 (10/02)