

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090835

1. Entity Name

G.H. TELECOMMUNICATIONS INCORPORATED

Principal Place of Business

601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131-2649

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0961432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS, LLP.
601 BRICKELL KEY DRIVE, SUITE 705
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

DE LA PENA & BAJANDAS, LLP

Street Address (P.O. Box Number is Not Acceptable)

601 BRICKELL KEY DRIVE, SUITE 705

City

MIAMI

FL

Zip Code
33131

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 LEONCIO E. DE LA PENA

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!! FEES \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/S	GONZALEZ, GABRIEL	601 BRICKELL KEY DRIVE, SUITE 705	MIAMI, FL 33131		
VP	OLIVEROS, ESPERANZA	601 BRICKELL KEY DRIVE, SUITE 705	MIAMI, FL 33131		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LEONCIO E. DE LA PENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(305) 377-0809

Daytime Phone #

CR2E034 (9/99)