

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090835

1. Entity Name

G.H. TELECOMMUNICATIONS INCORPORATED

Principal Place of Business

905 BRICKELL BAY DRIVE  
APT. 2029  
MIAMI FL 33131

Mailing Address

905 BRICKELL BAY DRIVE  
APT. 2029  
MIAMI FL 33131

2. Principal Place of Business

801 Brickell Bay Dr

Suite, Apt. #, etc.  
Suite 368

City & State  
Miami - FLORIDA

Zip  
33131

Country  
USA

3. Mailing Address

801 Brickell Bay Drive

Suite, Apt. #, etc.  
Suite 368

City & State  
Miami - FL

Zip  
33131

Country  
USA.

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90363 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME GONZALEZ, GABRIEL  
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME OLIVEROS, ESPERANZA  
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

04/18/01

305-458-8502

Date

Daytime Phone #

CR2E034 (10/00)