

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90735 030 \*\*\*150.00

**DOCUMENT #**

1. Entity Name  
 Internacional de Telemercadeo  
 P99000095839

**DO NOT WRITE IN THIS SPACE**

**B0123170**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 7128 NW 50 St.

3. Mailing Address  
 7128 NW 50 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number  
 65-0985335

Applied For  
 Not Applicable

Zip  
 33166

Country  
 U.S.A.

Zip  
 33166

Country  
 U.S.A.

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
 Emilio C. Pastor P.A.

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

255 University Drive

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**

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)

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

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Carlos Ruiz (President)<br>19281 NW 12 Ct<br>Miami, FL 33029 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE IN THIS SPACE**

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: Carlos Ruiz

05-07-02