

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000105115**1. Entity Name
BLUTEL CORPORATION**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90002 020 ***150.00

Principal Place of Business
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134Mailing Address
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
999 Ponce De Leon
Suite, Apt. #, etc.
11053. Mailing Address
999 Ponce De Leon
Suite, Apt. #, etc.
1105City & State
Coral Gables, FL
Zip
33134 Country
USACity & State
Coral Gables, FL
Zip
33134 Country
USA4. FEI Number **65-0982119**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Guillermo Carrillo**
Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Blvd.
Suite # 1105
City **Coral Gables, FL** 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 **Guillermo Carrillo, Vice President** 4/4/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE9. 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 State10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, GUILLERMO 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	VICE PRESIDENT GUILLERMO CARRILLO 999 PONCE DE LEON BLVD. SUITE 1105 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
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.

SIGNATURE: **Guillermo Carrillo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/4/2001 305/774-6565
Date Date/Time Phone #

CR2E034 (10/00)