

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87031

1. Entity Name

FIBERTEL INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90610 010 \*\*\*158.75

Principal Place of Business

Mailing Address

8600 NW 53RD TERRACE  
SUITE 202  
MIAMI FL 33166  
US

8600 NW 53RD TERRACE  
SUITE 202  
MIAMI FL 33166-4567  
US

948091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8300 N.W. 33 STREET

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33122

Country

US

3. Mailing Address

8300 N.W. 33 STREET

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33122

Country

US

4. FEI Number

65-0288096

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

TELLEZ, ALEXANDER  
8600 NW 53RD TERRACE  
SUITE 202  
MIAMI FL 33166

Name

TELLEZ, ALEXANDER

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

8300 N.W. 33 STREET, SUITE 200

City

MIAMI

FL

Zip Code

33122

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | CEOP                      | <input type="checkbox"/> Delete |
| NAME           | TELLEZ, ALEXANDER         |                                 |
| STREET ADDRESS | 9737 NW 41ST STREET, #140 |                                 |
| CITY-ST-ZIP    | MIAMI FL                  |                                 |
| TITLE          | VST                       | <input type="checkbox"/> Delete |
| NAME           | VILLENA, MARIO            |                                 |
| STREET ADDRESS | 960 NW 127TH PLACE        |                                 |
| CITY-ST-ZIP    | MIAMI FL                  |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | VILLENA, JOSE             |                                 |
| STREET ADDRESS | 9081 SW 124TH STREET      |                                 |
| CITY-ST-ZIP    | MIAMI FL                  |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | BEN-CHANOCH, EYAL         |                                 |
| STREET ADDRESS | 11800 SW 77TH AVENUE      |                                 |
| CITY-ST-ZIP    | MIAMI FL                  |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | CEOP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TELLEZ, ALEXANDER         |  |
| STREET ADDRESS | 10152 COSTA DEL SOL BLVD. |  |
| CITY-ST-ZIP    | MIAMI, FL 33178           |  |
| TITLE          | VST                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VILLENA, MARIO            |  |
| STREET ADDRESS | 7501 S.W. 82 CT.          |  |
| CITY-ST-ZIP    | MIAMI, FL 33143           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

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:

Alexander Tellez

ALEXANDER TELLEZ

4/10/00

305 639 2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)