

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # S87031**1. Entity Name
FIBERTEL INC.**Principal Place of Business**8300 NW 33RD STREET
STE 200
MIAMI
33122 US**Mailing Address**8300 NW 33RD STREET
STE 200
MIAMI
33122 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0288096**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTELLEZ ALEXANDER
8300 NW 33RD STREET
STE 200
MIAMI
33122 US**7. Name and Address of New Registered Agent**

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)

04/23/2001

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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete
NAME	BEN-CHANOCH EYAL	
STREET ADDRESS	11800 SW 77TH AVENUE	
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	VST	<input type="checkbox"/> Delete
NAME	VILLENA MARIO	
STREET ADDRESS	7501 SW 82ND CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	TELLEZ ALEXANDER	
STREET ADDRESS	10152 COSTA DEL SOL BLVD	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE MICHAEL	
STREET ADDRESS	10903 BLACKHAWK STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN-CHANOCH EYAL	
STREET ADDRESS	11800 SW 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLENA JOSE	
STREET ADDRESS	9081 SW 124TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLENA MARIO	
STREET ADDRESS	7501 SW 82ND CT	
CITY-ST-ZIP	MIAMI FL 33143	
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

CEOP

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)