

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000880

1. Entity Name

IDT FUND LTD.

Principal Place of Business

1515 S. FEDERAL HIGHWAY Suite 210
BOCA RATON FL 33432

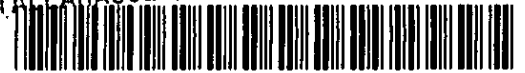
Mailing Address

1515 S. FEDERAL HIGHWAY Suite 210
BOCA RATON FL 33432

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 S. Federal Hwy
Suite, Apt. #, etc.
210

3. Mailing Address

1515 S. Federal Hwy
Suite, Apt. #, etc.
#210

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number

65-092460
APPLIED FOR

Applied For

Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINGOLD, DAVID J
3300 P.G.A. BLVD., STE 410
PALM BEACH GARDENS FL 33432

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)

DATE

9. Capital Contributions as Shown on record.

\$2,185,163.00

10. Amount of Capital Contribution in FLORIDA to date.

1,100,602.60

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F99000004575
NAME IDT FUNDING CORPORATION
STREET ADDRESS ORISSA HOUSE, EAST BAY ST
CITY-ST-ZIP NASSAU, BAHAMAS

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

2-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)