

2000 UNIFORM BUSINESS REPORT (UBR)

0007145 AF

DOCUMENT # L96000000333
 1. Entity Name
UNITED WORLD TELECOM L.C.

FILED
 00 MAR 13 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2905 S. FEDERAL HIGHWAY 2905 S. FEDERAL HIGHWAY
 SUITE C-11 SUITE C-11
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-3251

2. Principal Place of Business 3. Mailing Address
1845 S. FEDERAL HIGHWAY **1845 S. FEDERAL HIGHWAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
354 **354**
 City & State City & State
DELRAY BEACH, FL **DELRAY BEACH, FL**
 Zip Country Zip Country
33483 **U.S.A.** **33483** **U.S.A.**

4. FEI Number Applied For
65-0652428 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GENOYER, THIERRY
733 LAKE SHORE DR.
DELRAY BEACH FL 33444

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, THIERRY 733 LAKE SHORE DR. DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, JEAN-MARC 107 AV. DE LA FLORIDE 1190 BRUSSELS-BELGIUM <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900003183900 -03/24/00--01038--016 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thierry Genoyer **THIERRY GENOYER** 1-14-2000 (561) 276 7156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)