

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90154 036 \*\*\*\*55.00

**DOCUMENT # L96000000333**

1. Entity Name

**UNITED WORLD TELECOM L.C.**



Principal Place of Business

**1845 S. FEDERAL HIGHWAY  
SUITE 354  
DELRAY BEACH FL 33483**

Mailing Address

**1845 S. FEDERAL HIGHWAY  
SUITE 354  
DELRAY BEACH FL 33483**

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 **65-0652428**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GENOYER, THIERRY  
740 AZALEA ST  
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Thierry Genoyer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM**  Delete  
NAME: **GENOYER, THIERRY**  
STREET ADDRESS: **733 LAKE SHORE DR.**  
CITY-ST-ZIP: **DELRAY BEACH FL 33444**

TITLE:  Change  Addition  
NAME: **740 AZELEA ST.**  
STREET ADDRESS: **BOCA RATON, FL 33486**  
CITY-ST-ZIP:

TITLE: **MGRM**  Delete  
NAME: **GENOYER, JEAN-MARC**  
STREET ADDRESS: **107 AV. DE LA FLORIDE**  
CITY-ST-ZIP: **1190. BRUSSELS-BELGIUM**

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**GENOYER 1/8/03 (561) 276 7156**

Date

Daytime Phone #

CR2E083 (10/02)