

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

①

DOCUMENT # **NA9000000933**

1. Entity Name

Unisite/Omnipoint FL Tower Venture, LLC

01 MAR 26 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
116 Huntington Avenue
Boston, MA 02116

Mailing Address
116 Huntington Avenue
Boston, MA 02116

2. Principal Place of Business
116 Huntington Avenue

3. Mailing Address
116 Huntington Avenue

Suite, Apt. #, etc.
11th floor

Suite, Apt. #, etc.
11th floor

City & State
Boston, MA

City & State
Boston, MA

4. FEI Number
59-3616984

Applied For
Not Applicable

Zip
02116

Country

Zip
02116

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name
Corporation Service Company

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

1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

3/26/01

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Managing Member ☐ Delete
Unisite, Inc.
116 Huntington Avenue
Boston, MA 02116

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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☐ Change ☐ 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:

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

3/21/01

Date

617 375-7500

Daytime Phone #

CR2E083 (1/00)



ACCOUNT NO. : 072100000032

REFERENCE : 090398 4389224

AUTHORIZATION :

Patricia Kigut

COST LIMIT : \$ 55.00

ORDER DATE : March 23, 2001

ORDER TIME : 1:39 PM

ORDER NO. : 090398-005

CUSTOMER NO: 4389224

CUSTOMER: Ms. Kathleen A. Quinn
American Tower Corporation
116 Huntington Avenue
11th Floor
Boston, MA 02116

ANNUAL REPORT FILING

NAME: UNISITE/OMNIPOINT FL TOWER
VENTURE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandy Mathis ext. 1165

EXAMINER'S INITIALS:

RECEIVED
01 MAR 26 PM 4: 05
DIVISION OF CORPORATION