

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

M99/88
DPI TELECONNECT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 11 AM 9:25

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2997 LBJ FREEWAY

2997 LBJ FREEWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 225

Suite 225

City & State

City & State

DALLAS, TX

DALLAS TX

Zip

Country

Zip

Country

75234

75234

4. FEI Number

75-2793726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGER MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME

☐ Change ☐ Addition

STREET ADDRESS

600003327246--3

CITY-ST-ZIP

-07/19/00--01018--027

DALLAS TX 75234

*****50.00 *****50.00

TITLE NAME

☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

DALLAS TX 75234

TITLE NAME

☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

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TITLE NAME

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-3-00

Date

Daytime Phone #

(972)488-5500

CR2E083 (11/99)