

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007828 AF

**DOCUMENT #** A00000000167  
**1. Entity Name**  
 IDT FUND B. LTD.

**FILED**

01 MAR -5 AM 10:11:2

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**  
 1515 SOUTH FEDERAL HWY  
 BOCA RATON FL 33432 Suite 210

**Mailing Address**  
 1515 SOUTH FEDERAL HWY Suite 210  
 BOCA RATON FL 33432

**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. FEL Number**  
 65-0985053

Applied For  
 Not Applicable

**Zip** 33432 **Country** USA

**Zip** 33432 **Country** USA

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 FEINGOLD, DAVID J  
 3300 PGA BLVD., STE 410  
 PALM BEACH GARDENS FL 33410

**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** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$1,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** \$480,571.31

**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 CORP.
STREET ADDRESS	ORISSA HOUSE, EAST BAY ST.
CITY-ST-ZIP	NASSAU, BAHAMAS
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003819712--3
CITY-ST-ZIP	-03/09/01--01007--022 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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)