

2001 UNIFORM BUSINESS REPORT (UBR)

0007828 AF

DOCUMENT # A00000000167

1. Entity Name

IDT FUND B. LTD.

Principal Place of Business

1515 SOUTH FEDERAL HWY
BOCA RATON FL 33432

Suite 210

Mailing Address

1515 SOUTH FEDERAL HWY
BOCA RATON FL 33432

Suite 210

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 S. Federal Hwy

3. Mailing Address

1515 S. Federal Hwy

Suite, Apt. #, etc.

#210

Suite, Apt. #, etc.

#210

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINGOLD, DAVID J

3300 PGA BLVD., STE 410

PALM BEACH GARDENS FL 33410

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

9. Capital Contributions

\$1,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$480,521.31

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000004575
NAME IDT FUNDING CORP.
STREET ADDRESS ORISSA HOUSE, EAST BAY ST.
CITY-ST-ZIP NASSAU, BAHAMAS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS

CITY-ST-ZIP

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NAME
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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)