

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000333**

1. Entity Name  
**UNITED WORLD TELECOM L.C.**

FILED

01 APR -9 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**1845 S. FEDERAL HIGHWAY, SUITE 354**      **1845 S. FEDERAL HIGHWAY, SUITE 354**  
**DELRAY BEACH FL 33483**      **DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE.

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 <b>65-0652428</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GENOYER, THIERRY</b> <b>733 LAKE SHORE DR.</b> <b>DELRAY BEACH FL 33444</b>		Name <b>GENOYER, THIERRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>740 AZALEA ST</b> City <b>BOCA RATON</b> FL Zip Code <b>33486</b>	

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 Thierry Genoyer, THIERRY GENOYER, Managing Member 4-3-01  
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	<b>MGRM</b> <b>GENOYER, THIERRY</b> <b>733 LAKE SHORE DR.</b> <b>DELRAY BEACH FL 33444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GENOYER, JEAN-MARC</b> <b>107 AV. DE LA FLORIDE</b> <b>1190 BRUSSELS-BELGIUM</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thierry Genoyer, THIERRY GENOYER 4-3-01 561 276 7156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)