

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90049 009 ****55.00

CU11/05/07

DOCUMENT # L96000000333

1. Entity Name
UNITED WORLD TELECOM L.C.

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**

909042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1845 S. Federal Highway **1845 S. Federal Highway**

Suite, Apt. #, etc. Suite, Apt. #, etc.
354 **354**

City & State City & State
Delray Beach, FL **Delray Beach, FL**

4. FEI Number Applied For
65-0652428 Not Applicable

Zip Country Zip Country
33483 **U.S.A.** **33483** **U.S.A.**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
GENOYER, THIERRY
740 AZALEA ST
BOCA RATON FL 33486

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 *Thierry Genoyer, THIERRY GENOYER, Managing Member* DATE **01/16/02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	GENOYER, THIERRY
STREET ADDRESS	733 LAKE SHORE DR.
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GENOYER, JEAN-MARC
STREET ADDRESS	107 AV. DE LA FLORIDE
CITY-ST-ZIP	1190 BRUSSELS-BELGIUM
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Thierry Genoyer* **THIERRY GENOYER** DATE: **01/16/02** DAYTIME PHONE #: **(561) 276-7156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)