

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -5 AM 8:52

DOCUMENT # 418080

(8)

1. Corporation Name

UNITED STATES TELEPHONE COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6073 NW 167 ST
C-16
MIAMI FL 33015
US

6073 NW 167 ST
C-16
MIAMI FL 33015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1439589

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Filing (x)

☐ \$5.00 May Be
Added to Fees

8. Does corporation have liability for change of law under s. 195.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

ZIP

Country

ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCKMAN, ROBERT
6073 NW 167 ST
C-16
MIAMI FL 33015

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and the filer

Signature typed in printed name of registered agent and the filer

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
BUCKMAN, ROBERT
6073 NW 167 ST, C-16
MIAMI, FL 00000

13.1
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.2
NAME
STREET ADDRESS
CITY, ST, ZIP

SD
BUCKMAN, VICKI
6073 NW 167 ST, C-16
MIAMI, FL 00000

13.2
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.3
NAME
STREET ADDRESS
CITY, ST, ZIP

VP
ELLIS, JAMES M.
6073 NW 167 ST, C-16
MIAMI FL

13.3
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

V
HECKER, JAY
6073 NW 167 ST, C-16
MIAMI FL

13.4
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

13.5
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13.6
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Robert Buckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Buckman

6/3/95 305 823-7000
Date Filing Fee