

2002 UNIFORM BUSINESS REPORT (UBR)

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0001445
AT

DOCUMENT # A96000000552

1. Entity Name

ACCUTEL TELECOM SOLUTIONS LTD.

FILED

2002 AUG -7 AM 11:44

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business

Mailing Address

**550 N. REO ST.
STE. 300
TAMPA FL 33609**

**550 N. REO ST.
STE. 300
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number **59-3369343**

Applied For

Not Applicable

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

**VALENTI, JOSEPH A
550 N. REO ST.
STE. 300
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**VALENTI, JOSEPH A
550 N. REO ST., STE. 300
TAMPA FL 33609**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-2-02

Date

Daytime Phone #

CR2E003 (4/02)

To whom it may concern:

~~This is a 2ND Form~~
~~filled out by our company~~
~~and a Replacement Check.~~

The 1st one sent was not
posted or received by your
Dept. Please waive the \$400
late fee. Call me if you
have questions. Joe Valenti (800) 610-
7665