

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017002 AF

**DOCUMENT # A99000000789**

1. Entity Name

**MANSUR TELECOM, LTD.**

Principal Place of Business

875 NORTH MICHIGAN DRIVE, SUITE 3620  
CHICAGO IL 60611

Mailing Address

875 NORTH MICHIGAN DRIVE, SUITE 3620  
CHICAGO IL 60611

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0916908**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

**FILED**  
01 MAR 13 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANSUR, E. BARRY**  
1117 SCHEFFLERA DRIVE  
CAPTIVA FL 33924

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$1,000.00**

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

DOCUMENT # **V21513**  
NAME **MANSUR & COMPANY - FLORIDA, INC.**  
STREET ADDRESS **875 NORTH MICHIGAN DRIVE, SUITE 3620**  
CITY-ST-ZIP **CHICAGO IL 60611**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP **200003855012--3**  
STREET ADDRESS **-03/15/01--01102--018**  
CITY-ST-ZIP **\*\*\*\*565.00 \*\*\*\*141.25**

DOCUMENT #  
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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: *KINDO KOSKINEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-14-01** (312) 263-2400  
Date Daytime Phone #

CFE003 (11/00)