

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90028 011 ***150.00

0614897 AT

DOCUMENT # F00000000536

1. Entity Name

U.S. TELEPACIFIC CORP.

Principal Place of Business

515 SOUTH FLOWER STREET, 49TH FLOOR
LOS ANGELES CA 90071

Mailing Address

515 SOUTH FLOWER STREET, 49TH FLOOR
LOS ANGELES CA 90071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

47th Floor

Suite, Apt. #, etc.

47th Floor

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4593876

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TCD	<input checked="" type="checkbox"/> Delete
NAME	GLICKMAN, DAVID	
STREET ADDRESS	515 SOUTH FLOWER STREET, 49TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90071	

TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	PUCCIO, PHILIP	
STREET ADDRESS	515 SOUTH FLOWER STREET, 49TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90071	

TITLE	CTO	<input checked="" type="checkbox"/> Delete
NAME	LEE, MICHAEL	
STREET ADDRESS	515 SOUTH FLOWER STREET, 49TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90071	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOOLDY, KIRSTIN	
STREET ADDRESS	515 SOUTH FLOWER STREET, 49TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90071	

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DELAHANTY, JANE	
STREET ADDRESS	515 SOUTH FLOWER STREET, 49TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90071	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Talkut	
STREET ADDRESS	515 S. Flower St. 47 th Floor	
CITY-ST-ZIP	Los Angeles, CA 90071	

TITLE	CEO-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Welsh	
STREET ADDRESS	515 S. Flower St. 47 th Floor	
CITY-ST-ZIP	Los Angeles, CA 90071	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erich E. Everbach	
STREET ADDRESS	515 S. Flower St. 47 th Floor	
CITY-ST-ZIP	Los Angeles, CA 90071	

TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirstin Gooldy	
STREET ADDRESS	515 S. Flower St. 47 th Floor	
CITY-ST-ZIP	Los Angeles, CA 90071	

TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Delahanty	
STREET ADDRESS	515 S. Flower St. 47 th Floor	
CITY-ST-ZIP	Los Angeles, CA 90071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

213-213-3288

Date

Daytime Phone #

CR2E034 (9/01)