## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 13, 2001 8:00 am DOCUMENT # F00000002172 **Secretary of State** 1. Entity Name MTS TELECOMMUNICATIONS, INC. 03-13-2001 90083 032 \*\*\*150.00 Principal Place of Business Mailing Address 551 S.E. 8TH STREET, SUITE #600 551 S.E. 8TH STREET, SUITE #600 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address 1515 S. FEDERAL HIGHWAY 11830 ISLAND LAKES LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 302 City & State City & State Applied For 4. FEI Number 65-0436723 BOCA RATION, FL BOCA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired PALM BEACH BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALDANHA, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 551 S.E. 8TH STREET, SUITE #600 **DELRAY BEACH FL 33483** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SALDANHA, STEPHEN A NAME NAME STREET ADDRESS STREET ADDRESS 551 S.E. 8TH STREET, SUITE #600 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition TITLE □ Delete TITLE ☐ Change SALDANHA, STEFAN NAME NAME STREET ADDRESS STREET ADDRESS 551 S.E. 8TH STREET, SUITE #600 CITY-ST-7IP **DELRAY BEACH FL 33483** CITY-ST-ZIP TITLE ☐ Change **Addition** TITLE , Delete LC J UDROBINA NAME NAME ISIS SOUTH FEDERAL HICHWAY, SUITE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ Addition ☐ Delete ☐ Chance TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: