

9/5/01-90008-029-\$558.75-\$558.75

## 2701 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005165

1. Entity Name  
ARJAY TELECOMMUNICATIONS, INC.

Principal Place of Business  
5601 POWERLINE ROAD, SUITE 107  
FORT LAUDERDALE FL 33309

Mailing Address  
680 12TH AVENUE  
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
13-3528001

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

UCC FILING & SEARCH SERVICES, INC.  
528 EAST PARK AVENUE, SUITE 200  
TALLAHASSEE FL 32301

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 reappointing)

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PCD  
BHUMITRA, ARJAY  
201 WEST 72ND STREET, APT. #5-A  
NEW YORK NY 10023

☐ Delete ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VO  
ENGEL, KEN  
10 SHINNEDOCK HILLS DRIVE  
WAYSIDE NJ 07712

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SD  
DEVIVANI, NAUTIAL  
22 BRISTOL STREET, #1  
CAMBRIDGE MA 02141

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TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP

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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, without power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/2/01

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 21 PM 12:32



DO NOT WRITE IN THIS SPACE

CR2004 (5/01)

AD