

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90106 011 ***150.00

DOCUMENT # F19468

1. Entity Name
TELESYSTEMS MANAGEMENT CORP.



Principal Place of Business

944 CLINT MOORE RD
BOCA RATON FL 33487
US

Mailing Address

944 CLINT MOORE RD
BOCA RATON FL 33487
US

2. Principal Place of Business

3170 N. Federal Hwy
Suite, Apt. #, etc.
105

3. Mailing Address

3170 N Federal Hwy
Suite, Apt. #, etc.
105

City & State
Lighthouse Point FL

City & State
Lighthouse Point FL 33064

Zip
33064 **Country**
US

Zip
33064 **Country**
US

4. FEI Number **59-2080110**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

WENZEL, KENNETH A ESQ
C/O HODGSON RUSS LLP
1801 N MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **THOMAS V. SICILIANO**
Street Address (P.O. Box Number is Not Acceptable)
980 N. FEDERAL HIGHWAY
SUITE 440
City **BOCA RATON** **FL** **Zip Code** **33432**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **LIEBERMAN, FRED**
STREET ADDRESS **944 CLINT MOORE RD**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ **Delete**
NAME **MALIK, PAMELA**
STREET ADDRESS **944 CLINT MOORE RD**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **01-10-03 954-784-3745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)