## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 23, 2000 8:00 am Secretary of State DOCUMENT # F94000002194 TELETALK INTERNATIONAL SERVICES, INC. 02-23-2000 90001 016 \*\*\*150.00 Mailing Address Principal Place of Business 3435 NW 59TH ST. 3435 NW 59TH ST. BOCA RATON FL 33496-2762 க்குக் RATON FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0475522 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCURRY, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 21301 POWERLINE ROAD, SUITE 204 **BOCA RATON FL 33433** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 5. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 !'; **11.** PRESIDENT Change ☐ Addition TITLE TITLE ☐ Delete NAME . NAME RICE, RICHARD J. 金数: ノド ... STREET ADDRESS STREET ADDRESS 7657 LEESBURG PIKE GTT-ST-ZIP CITY-ST-ZIP FALLS CHURCH VA 22043 ☐ Addition ☐ Change CHAIRMAN ☐ Delete TITLE NAME RICHARD J. RICE NAME STREET ADDRESS STREET ADDRESS 3435 NW 59 ST CITY-ST-ZIP CiTY-ST-ZIP BOCA RATON FL ☐ Change ☐ Addition /PRESIDENT TITLE - TITLE Delete ANNG REE 3435 NW 59 ST NAME ..... STREET ADDRESS CITY-ST-ZIP FI 33496 ST-ZIP ☐ Addition TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . LUY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY 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 of trustee employed 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 attachp

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: &

TITI F

STREET ADDRESS

☐ Delete

☐ Change

☐ Addition