

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000230

1. Entity Name

RSL COM U.S.A., INC.

Principal Place of Business

Mailing Address

COLLECTIONS DEPT.  
1100 PARK CENTRAL BLVD., SOUTH, SUITE 3800  
POMPANO BEACH FL 33064

430 PARK AVE.  
5TH FLOOR  
NEW YORK NY 10022-3505

2. Principal Place of Business

3. Mailing Address

430 Park Ave.

Suite, Apt. #, etc.

5th Floor

City & State  
New York, NY

City & State

Zip  
10022

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3044583

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

BLANTON, EDWIN F  
825 THOMASVILLE RD.  
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 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, 2000 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	D	<input type="checkbox"/> Delete
NAME	FISHER, ITZHAK	
STREET ADDRESS	767 FIFTH AVENUE, SUITE 4300	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TARLOVSKY, NIR	
STREET ADDRESS	767 FIFTH AVENUE, SUITE 4300	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HIRSCHHORN, MARK	
STREET ADDRESS	767 FIFTH AVENUE, SUITE 4300	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ED	
STREET ADDRESS	767 FIFTH AVENUE, SUITE 4300	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	C	<input type="checkbox"/> Delete
NAME	FISHER, ITZHAK	
STREET ADDRESS	767 FIFTH AVENUE, SUITE 4300	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	810 Seventh Ave., 39th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia D. Mazon	
STREET ADDRESS	1001 Brinton Rd.	
CITY-ST-ZIP	Pittsburgh, PA 15221	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Beckoff	
STREET ADDRESS	810 Seventh Ave, 39th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marino, Michael	
STREET ADDRESS	1001 Brinton Rd.	
CITY-ST-ZIP	Pittsburgh, PA 15221	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	810 Seventh Ave, 39th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Shassian	
STREET ADDRESS	810 Seventh Ave, 39th Floor	
CITY-ST-ZIP	New York, NY 10019	

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: *Patricia D. Mazon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(412) 244-6806

CR2E034 (9/99)