

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002130

1. Entity Name

ETI-TELECOMMUNICATIONS INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90004 001 ***450.00

Principal Place of Business

1451 WEST CYPRESS CREEK RD
STE. 200
FT LAUDERDALE FL 33309

Mailing Address

1451 WEST CYPRESS CREEK RD
STE. 200
FT LAUDERDALE FL 33309-1962

1 000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6600 N. Andrews Avenue

3. Mailing Address

6600 N. Andrews Avenue

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

Suite 140

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

11-3099624

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE RD.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Thomas R. Tatham

Street Address (P.O. Box Number is Not Acceptable)

Brinkley, McNerney, Morgan Solomon & Tatham, LLC
Suite 1800, New River Center

200 East Las Olas Blvd

City

Fort Lauderdale

FL

Zip Code

33301

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

1/20/00

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

TITLE PD ☒ Delete
NAME DUNNE, GERALD M JR
STREET ADDRESS 1451 WEST CYPRESS CREEK RD STE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE TD ☐ Delete
NAME HITNER, SAM
STREET ADDRESS 1451 WEST CYPRESS CREEK RD STE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE SD ☒ Delete
NAME RUSSO, PETER
STREET ADDRESS 1451 WEST CYPRESS CREEK RD, STE. 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME Koach, Glenn S.
STREET ADDRESS 6600 N. Andrews Avenue, Ste 140
CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 N. Andrews Avenue, Ste 140
CITY-ST-ZIP Fort Lauderdale FL 33309

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Koach 1/31/00 954/771-9696

Date

Daytime Phone #

CR2F034 (9/99)