

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003732

1. Entity Name  
**TELECARRIER SERVICES INC**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90491 045 \*\*\*550.00

Principal Place of Business Mailing Address  
1090 KING GEORGES POST ROAD 1090 KING GEORGES POST ROAD  
UNIT 1003 UNIT 1003  
EDISON NJ 08837 EDISON NJ 08837

2. Principal Place of Business 3. Mailing Address  
543 Main St. 543 Main St.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
New Rochelle NY New Rochelle NY  
Zip Country Zip Country  
10801 New Rochelle 10801 NY

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

4. FEI Number **13-3663453** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOT: 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:**  
**After MAY 1, 2001**  
**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	DCPT	<input checked="" type="checkbox"/> Delete
NAME	LAGANA, MICHAEL F	
STREET ADDRESS	1090 KING GEORGES POST ROAD, UNIT 1003	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HASSEL, ZINA L	
STREET ADDRESS	1090 KING GEORGE POST RD., UNIT 1003	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGANA, MICHAEL	
STREET ADDRESS	543 Main St.	
CITY-ST-ZIP	New Rochelle NY 10801	
TITLE	Paul Rios	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	543 Main St.	
CITY-ST-ZIP	New Rochelle NY 10801	
TITLE	Sec. Eric Heltige	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	410 Park Ave	
CITY-ST-ZIP	New York NY 10022	
TITLE	Asst. Sec. Gaudito Vera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	543 Main St.	
CITY-ST-ZIP	New Rochelle NY 10801	
TITLE	Asst. Sec. Rita Corber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	543 Main St.	
CITY-ST-ZIP	New Rochelle NY 10801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: Michael F. Lagan CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

Date 5/21/01 Daytime Phone # 2146328005

CR2E034 (10/00)