

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002574 (9)**

1. Corporation Name

UNIVERSAL TELESERVICES FLORIDA CORP.



Principal Place of Business

**3215 NW 10TH TERRACE
FT LAUDERDALE FL 33309**

Mailing Address

**3215 NW 10TH TERRACE
FT LAUDERDALE FL 33309-5836**

2. Principal Place of Business

21 7771 W Oakland Pk Blvd

Suite, Apt. #, etc.

22 100

City & State

23 Sunrise, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 7771 W Oakland Pk Blvd

Suite, Apt. #, etc.

27 100

City & State

28 Sunrise, FL

Zip

29 33351

Country

30 USA

3. Date Incorporated or Qualified

05/22/1996

3a. Date of Last Report

4. FEI Number

86-0823528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**WARREN, RANDY
3215 NW 10TH TERRACE SUITE 213
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name

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

7771 W Oakland Park Blvd

83.

Suite 100

84.

**City
Sunrise**

FL

85. Zip Code

33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WARREN, RANDY**
STREET ADDRESS **3215 NW 10TH TERRACE, SUITE 213**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **VCST** ☐ DELETE

NAME **COLKITT, DOUGLAS R**
STREET ADDRESS **2171 SANDY DRIVE**
CITY-ST-ZIP **STATE COLLEGE PA 16803**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **7771 W Oakland Pk Blvd., Suite 100**

1.4 CITY-ST-ZIP **Sunrise, FL 33351**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)