

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006847

1. Entity Name

INTERROUTE-WHOLESALE, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90026 004 ***150.00

Principal Place of Business

Mailing Address

22 CORTLANDT STREET 33RD FLOOR
NEW YORK NY 10007

22 CORTLANDT STREET 33RD FLOOR
NEW YORK NY 10007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-3180179

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

FARRAGHER, PATRICK
11214 VERANDA CT.
BRADENTON FL 34209

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC	TITLE	President
NAME	DOWHIE, CHRIS	NAME	JAMES SEVER
STREET ADDRESS	110-72 CORONA AVE.	STREET ADDRESS	22 Cortlandt ST. 33RD FL
CITY-ST-ZIP	CORONA NY 11368	CITY-ST-ZIP	New York, NY 10007
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	Vice President
NAME	DOWHIE, PATRICIA	NAME	WAYNE DARVILLE
STREET ADDRESS	110-72 CORONA AVE.	STREET ADDRESS	22 Cortlandt ST. 33RD FL
CITY-ST-ZIP	CORONA NY 11368	CITY-ST-ZIP	New York, NY 10007
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	Secretary
NAME		NAME	Susan Cuybright
STREET ADDRESS		STREET ADDRESS	22 Cortlandt ST. 33RD FL
CITY-ST-ZIP		CITY-ST-ZIP	New York, NY 10007
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	Controller
NAME		NAME	Kathleen Stevens
STREET ADDRESS		STREET ADDRESS	22 Cortlandt ST. 33RD FL
CITY-ST-ZIP		CITY-ST-ZIP	New York, NY 10007
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Kathleen Stevens

2/08/01

Date

212 981 9100

Daytime Phone #

CR2E034 (10/00)