

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001235

1. Entity Name

PACIFIC GATEWAY EXCHANGE, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90057 028 \*\*\*150.00

Principal Place of Business

Mailing Address

500 AIRPORT BLVD  
 SUITE 340  
 BURLINGAME CA 94010

500 AIRPORT BLVD  
 SUITE 340  
 BURLINGAME CA 94010-1936

2. Principal Place of Business

500 Airport Blvd.

3. Mailing Address

500 Airport Blvd.

Suite, Apt. #, etc.

Suite 340

Suite, Apt. #, etc.

Suite 340

City & State

Burlingame, CA

City & State

Burlingame, CA

4. FEI Number

94-3134065

Applied For

☒ Not Applicable

Zip

Country

94010 United States

Zip

Country

94010 United States

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

HIQ CORPORATE SERVICES, INC.  
 526 E. PARK AVE., STE. 200  
 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 ☐ Delete  
 NAME DCEO  
 STREET ADDRESS NECKOWITZ, HOWARD  
 CITY-ST-ZIP 500 AIRPORT BLVD STE 340  
 BURLINGAME CA 94010

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

TITLE ☐ Delete  
 NAME VSD  
 STREET ADDRESS GRANTON, GAIL  
 CITY-ST-ZIP 500 AIRPORT BLVD STE 340  
 BURLINGAME CA 94010

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

TITLE ☐ Delete  
 NAME CFO  
 STREET ADDRESS GREY, SANDRA  
 CITY-ST-ZIP 500 AIRPORT BLVD STE 340  
 BURLINGAME CA 94010

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS VOLANTE, BARRY J  
 CITY-ST-ZIP 500 AIRPORT BLVD, STE 340  
 BURLINGAME CA 94010

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DALFEN, CHARLES  
 CITY-ST-ZIP 500 AIRPORT BLVD, STE 340  
 BURLINGAME CA 94010

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS JUNEWICZ, JAMES  
 CITY-ST-ZIP 500 AIRPORT BLVD, STE 340  
 BURLINGAME CA 94010

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

Date

Daytime Phone #

2/10/00

(650) 375-6700

CR2E034 (9/99)