

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90007 014 ***150.00

DOCUMENT # F97000005681

1. Entity Name

TotalTel, Inc.

Principal Place of Business

**150 Clove Road, 8th floor
 Little Falls, NJ 07024**

Mailing Address

**6455 East Johns Crossing
 Suite 285
 Duluth, GA 30097**

B0084616

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **22-1658949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$0.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURDOCH, RICHARD A
 980 N. FEDERAL HIGHWAY
 SUITE 410
 BOCA RATON, FL 33432**

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

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Dennis Spina	
STREET ADDRESS	150 Clove Road, 8th floor	
CITY-ST-ZIP	Little Falls, NJ 07024	
TITLE	D	<input type="checkbox"/> Delete
NAME	Henry Luken	
STREET ADDRESS	150 Clove Road, 8th floor	
CITY-ST-ZIP	Little Falls, NJ 07024	
TITLE	V/T/S	<input type="checkbox"/> Delete
NAME	Thomas P. Gunning	
STREET ADDRESS	150 Clove Road, 8th floor	
CITY-ST-ZIP	Little Falls, NJ 07024	
TITLE	C/D	<input checked="" type="checkbox"/> Delete
NAME	Warren H. Feldman	
STREET ADDRESS	150 Clove Road, 8th floor	
CITY-ST-ZIP	Little Falls, NJ 07024	
TITLE	D	<input type="checkbox"/> Delete
NAME	Dennis Spina	
STREET ADDRESS	150 Clove Road, 8th floor	
CITY-ST-ZIP	Little Falls, NJ 07024	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jay Miller	
STREET ADDRESS	150 Clove Road, 8th floor	
CITY-ST-ZIP	Little Falls, NJ 07024	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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

4/19/2000 (973) 812-1100

Date

Daytime Phone #