

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005040

1. Entity Name

USTR FIBER DEVELOPMENT INC.

FILED

02 SEP 18 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

303 SOUTH BROADWAY, #480  
TARRYTOWN NY 10591

Mailing Address

2235 SHEPPARD AVENUE E.  
#1800  
TORONTO, ONTARIO CANADA M2J -5G1

2. Principal Place of Business

9 East Lockerman St.

Suite, Apt. #, etc.

Suite 1B

City & State

Dover Delaware

Zip

19901

Country

USA

3. Mailing Address

9 East Lockerman St.

Suite, Apt. #, etc.

Suite 1B

City & State

Dover, Delaware

Zip

19901

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3977897

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.

526 E. PARK AVE.

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

200008023202--6

-09/25/02--01080--002

\*\*\*\*558.75

\*\*\*\*558.75

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LINTON, WILLIAM 10 EDGEHILL RD. ETOBICOKE, ONTARIO CANADA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANAKA, PETER 2636 LAKESHORE BLVD. TORONTO, ONTARIO CANADA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALYSHEFF, GEORGE 40 PICKERING ST. TORONTO, ONTARIO CANADA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENSON, RANDALL 3089 FIRST AVENUE BURLINGTON, ONTARIO CANADA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JANET 1010 16TH SIDEROAD KING TOWNSHIP, ONTARIO CA.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roland Hennessey 9 East Lockerman St., Suite 1B Dover, Delaware 19901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Director Scott C. Dunn 9 East Lockerman St., Suite 1B Dover, Delaware 19901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Noah Mallin 9 East Lockerman St., Suite 1B Dover, Delaware 19901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dali Islam 9 East Lockerman St., Suite 1B Dover, Delaware 19901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer William J. Postiglione 9 East Lockerman St., Suite 1B Dover, Delaware 19901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Susan Clark 9 East Lockerman St., Suite 1B Dover, Delaware 19901	<input checked="" 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:

Susan Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Clark, Asst. Secretary 9-12-02 202-359-0722

Date

Daytime Phone #

CR2E034 (4/02)