

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000912

1. Entity Name  
PT-1 LONG DISTANCE, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**  
08-24-2000 90026 050 \*\*\*550.00

Principal Place of Business  
30-50 WHITESTONE EXPRESSWAY  
FLUSHING NY 11354

Mailing Address  
30-50 WHITESTONE EXPRESSWAY  
FLUSHING NY 11354

**A0074414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*223 E. DeLaGuerra St.*

3. Mailing Address  
*223 E. DeLaGuerra St.*

City & State  
*Santa Barbara CA*

City & State  
*Santa Barbara CA*

4. FEI Number **52-2117999**  
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)  
City **FL** Zip Code

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 \$550.00 .**  
**After SEPTEMBER 13, 2000 Min. 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	CD TAWFIK, SAMER 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VITA, PETER 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARLEY, DOUGLAS 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	CEO Mary Casey 223 E. DeLaGuerra St. Santa Barbara CA 93101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerry Ginsberg 223 E. DeLaGuerra St. Santa Barbara CA 93101 VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Chris Edscomb 223 E. DeLaGuerra St. Santa Barbara CA 93101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Mary Casey 223 E. DeLaGuerra St. Santa Barbara CA 93101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 another like empowered.

SIGNATURE:

*Mary Casey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00 (805) 899-1629  
Date Daytime Phone \*

CR2E034 (5/00)