

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90001 035 ***550.00

DOCUMENT # F99000002333

1. Entity Name
BIG APPLE TELECOMMUNICATIONS, INC.

Principal Place of Business
14 GLEN COVE ROAD
ROSLYN HEIGHTS NY 11577

Mailing Address
14 GLEN COVE ROAD
ROSLYN HEIGHTS NY 11577

UUU818bb



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1101 Stewart Avenue

3. Mailing Address
1101 Stewart Avenue

Suite, Apt. #, etc.
Suite 2E

Suite, Apt. #, etc.
Suite 2E

City & State-
Garden City, NY

City & State
Garden City, NY

4. FEI Number **11-2745680**

Applied For
 Not Applicable

Zip
11530

Country

Zip
11530

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC COOPER, IRWIN 14 GLEN COVE ROAD ROSLYN HEIGHTS NY 11577 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 Stewart Avenue, Suite 2E Garden City, NY 11530 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD CANOVA, GREGORY P 14 GLEN COVE ROAD ROSLYN HEIGHTS NY 11577 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 Stewart Avenue, Suite 2E Garden City, NY 11530 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Gregory P. Canova 08/25/00 (516) 745-9100
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)