

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0108220 AT

DOCUMENT # **F99000003723**

1. Entity Name
NUSTAR TELEPHONE CO. INC.

07-17-2001 90005 027 ***550.00

Principal Place of Business

~~945 WINDY HILL RD. 2ND
 2ND FLOOR
 SMYRNA GA 30080~~

Mailing Address

~~945 WINDY HILL RD. 2ND
 2ND FLOOR
 SMYRNA GA 30080~~

**NuStar Tele
 1101 Brickell
 Miami, Florida 33131**



2. Principal Place of Business

1101 Brickell Ave # 1101

3. Mailing Address

1101 Brickell Ave # 1101

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
SUITE 1101

Suite, Apt. #, etc.
SUITE 1101

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **58-2140198**

Applied For
 Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

**MACALUSO, JOE
 225 AIRSOSA BLVD.
 PORT ST. LUCEY FL 34953**

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 *Joe Macaluso*

(Signature of Registered Agent required when reinstating)

DATE **7-9-01**

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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	MACALUSO, JOE	
STREET ADDRESS	1328 SURREY LANE	
CITY-ST-ZIP	MARIETTA GA 30008	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADLEY, JULIE	
STREET ADDRESS	1328 SURREY LANE	
CITY-ST-ZIP	MARIETTA GA 30008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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, and all other like empowered.

SIGNATURE: *Joe Macaluso*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7-9-01**

Daytime Phone #

CR2E034 (5/01)