

2000 UNIFORM BUSINESS REPORT (UBR)

000542

DOCUMENT # F99000004614

1. Entity Name

PB TELECOMMUNICATIONS, INC.

FILED

00 FEB 10 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ATTN: K. CURRAN
ONE PENN PLAZA
NEW YORK NY 10119

ATTN: K. CURRAN
ONE PENN PLAZA
NEW YORK NY 10119-0002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4018806

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DELLA ROCCA, M S	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELLHOUSE, R E	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDONALD, B H	
STREET ADDRESS	3340 PEACHTREE ROAD NE, STE. 2400, TWR PLC	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLINTON, M H	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, J M	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	AV	<input type="checkbox"/> Delete
NAME	BROWN, V A	
STREET ADDRESS	14023 DENVER WEST PARKWAY, 2ND FLOOR	
CITY-ST-ZIP	GOLDEN CO 80401	

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prieto, R	
STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	New York, NY 10119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003136537--S	
STREET ADDRESS	-02/16/00--01003--012	
CITY-ST-ZIP	***1746.25 ****158.75	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cintron, M. H.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP	<input checked="" 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

Kevin J. Curran 02/02/00 (212) 465-5304

Date

Daytime Phone #

CR2E034 (9/99)