

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90046 015 \*\*\*150.00

**DOCUMENT # H65074**

**1. Entity Name**  
**TELEPHONE COMMUNICATIONS USA, INC.**

**Principal Place of Business**

**Mailing Address**

**606 S MILITARY TRL  
 DEERFIELD BCH FL 33442  
 US**

**606 S MILITARY TRL  
 DEERFIELD BCH FL 33442  
 US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-2559666**

Applied For

Not Applicable

Zip

Country

Zip

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**

**HOROWITZ, PAUL  
 11666 CARACAS BLVD.  
 BOYNTON BCH FL 3347**

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, 2002 Fee will be \$550.00  
 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**  
**DP**  
**HOROWITZ, PAUL**  
**11666 CARACAS BLVD**  
**BOYNTON BCH FL 33437**

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**HOROWITZ, ELAINE S.**  
**11666 CARACAS BLVD**  
**BOYNTON BEACH FL 33437**

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**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:**

*Elaine Horowitz*  
 ELAINE HOROWITZ  
 SECRETARY

3/16/02 (201) 738-1380  
 Date Daytime Phone #

CR2E034 (9/01)