2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47218 May 24, 2000 8:00 am Secretary of State 1. Entity Name TELECOMMUNICATIONS INTERNATIONAL CONSULTANTS, IN 04-25-2000 90093 049 ***150.00 Principal Place of Business Mailing Address 359 NW 43RD WAY 359 NW 43RD WAY DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-8089 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0156639 Not Applicable Country Zio \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONAHAN <u>M</u> MONAHAN, DONALD F Street Address (P.O. Box Number is Not Acceptable) 359 NW 43RD WAY . \ 10233 WELLERY へんじゅ **DEERFIELD BEACH FL 33442** SUNRISE - LORIDA 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. Monahan Donard (NOTE: Registered Agent signature required with FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 -Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR Addition Pris. 2:18.81 **PCEO** TITLE Change TITLE Delete BOHALD M. MONAHAN MONAHAN, DONALD F NAME NAME IsLES LAKES STREET ADDRESS 16233 WELLEBY 1040 LONGCREEK POINTE STREET ADDRESS 33351 CITY-ST-ZIP SUNRISE CITY-ST-ZIP ALPHARETTA GA 30000 -CORIDA Change ☐ Addition TITLE Delete TITLE REMETALE NAME NAME 10 233 MANGBY 15/40 LALLES STREET ADDRESS STREET ADDRESS SULPRISE, FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling 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. OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR