

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90021 047 ***150.00

DOCUMENT # L08677

1. Entity Name

MIOTEL CORPORATION

Principal Place of Business

Mailing Address

**PARK AVE
 NY 10167**

**245 PARK AVE
 NY NY 10167-0002
 US**

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

58-1856700

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, BENJAMIN	
STREET ADDRESS	2 OVERHILL RD., STE. 420	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEHODEY, JOHN	
STREET ADDRESS	2 OVERHILL RD., STE. 420	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HELD, JEFFREY S	
STREET ADDRESS	2 OVERHILL RD., STE. 420	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	VPFT	<input type="checkbox"/> Delete
NAME	BERRY, DANIEL E	
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NY NY 10167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NY, NY, 10167	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NY, NY 10167	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NY, NY 10112	
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 with all other lines empowered.

SIGNATURE:

DANIEL BERRY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL BERRY
 VICE President

Date

Daytime Phone #

**3/23/00 (212)
 699-5956**

CR2E034 (9/99)