

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007145 AF

**DOCUMENT # L96000000333**  
 1. Entity Name  
**UNITED WORLD TELECOM L.C.**

**FILED**  
 00 MAR 13 PM 2:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 2905 S. FEDERAL HIGHWAY      2905 S. FEDERAL HIGHWAY  
 SUITE C-11      SUITE C-11  
 DELRAY BEACH FL 33483      DELRAY BEACH FL 33483-3251

2. Principal Place of Business <b>1845 S. FEDERAL HIGHWAY</b>		3. Mailing Address <b>1845 S. FEDERAL HIGHWAY</b>	
Suite, Apt. #, etc. <b>354</b>		Suite, Apt. #, etc. <b>354</b>	
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH, FL</b>	
Zip <b>33483</b>	Country <b>U.S.A.</b>	Zip <b>33483</b>	Country <b>U.S.A.</b>

4. FEI Number      Applied For  
**65-0652428**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GENOYER, THIERRY**  
**733 LAKE SHORE DR.**  
**DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, THIERRY 733 LAKE SHORE DR. DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOYER, JEAN-MARC 107 AV. DE LA FLORIDE 1190 BRUSSELS-BELGIUM <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900003183900 -03/24/00--01038--016 *****55.00      *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thierry Genoyer      **THIERRY GENOYER**      1-14-2000 (561) 276 7156  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)