

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

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 1845 S. FEDERAL HIGHWAY		3. Mailing Address 1845 S. FEDERAL HIGHWAY	
Suite, Apt. #, etc. 354		Suite, Apt. #, etc. 354	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33483	Country U.S.A.	Zip 33483	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0652428		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____

Signature, typed or printed name of registered agent and title if applicable.

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	900003183900 <input type="checkbox"/> Change <input type="checkbox"/> Addition -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 **1-14-2000** **(561) 276 7156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)