

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000333**

1. Entity Name

**UNITED WORLD TELECOM L.C.**

FILED

01 APR -9 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**1845 S. FEDERAL HIGHWAY, SUITE 354  
DELRAY BEACH FL 33483**

Mailing Address  
**1845 S. FEDERAL HIGHWAY, SUITE 354  
DELRAY BEACH FL 33483**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0652428**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **GENOYER, THIERRY**

Street Address (P.O. Box Number is Not Acceptable)

**740 AZALEA ST**

City **BOCA RATON**

**FL**

Zip Code **33486**

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 Thierry Genoyer, THIERRY GENOYER, Managing Member 4-3-01

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

(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

TITLE **MGRM** ☐ Delete  
NAME **GENOYER, THIERRY**  
STREET ADDRESS **733 LAKE SHORE DR.**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **MGRM** ☐ Delete  
NAME **GENOYER, JEAN-MARC**  
STREET ADDRESS **107 AV. DE LA FLORIDE**  
CITY-ST-ZIP **1190 BRUSSELS-BELGIUM**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-3-01

Date

561 276 7156

Daytime Phone #

CR2E083 (11/00)