

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90049 009 ****55.00

DOCUMENT # L96000000333

1. Entity Name

UNITED WORLD TELECOM L.C.

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**

909042

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

4. FEI Number

65-0652428

Applied For

Not Applicable

Zip

33483

Country

U.S.A.

Zip

33483

Country

U.S.A.

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GENOYER, THIERRY
 740 AZALEA ST
 BOCA RATON FL 33486**

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 *Thierry Genoyer, Thierry GENOYER, Managing Member*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

01/16/02 (561) 276-7156

CR2E083 (9/01)