

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L96000000683

1. Entity Name

TELEPHONETICS OVERSEAS, L.C.

00 APR -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20801 BISCAYNE BLVD
#406
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD
#406
AVENTURA FL 33131-2407

ng 4/18



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 BRICKELL AVENUE

3. Mailing Address

444 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE # 522

Suite, Apt. #, etc.

SUITE # 522

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

58-2245923

Applied For

Not Applicable

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIRACUSA, JOHN G
20801 BISCAYNE BLVD
#406
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

444 BRICKELL AVENUE

SUITE 522

City

MIAMI

FL

Zip Code

33131

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME CHASON, MARK
STREET ADDRESS 105 KENVILLE ROAD
CITY-ST-ZIP BUFFALO NY 14215

TITLE MGR ☐ Delete
NAME MANEVICH, VIVIAN
STREET ADDRESS 20801 BISCAYNE BLVD #406
CITY-ST-ZIP AVENTURA FL 33180

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 444 BRICKELL AVENUE, SUITE 522
CITY-ST-ZIP MIAMI, FL 33131

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

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

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

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:

V. Siracusa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/29/00

Date

(305) 579-9922

Daytime Phone #

CR2E083 (9/99)