

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 28 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000278

1. Entity Name

UNICOM COMMUNICATIONS, L.L.C.

Principal Place of Business

581 W. PALMER STREET
FRANKLIN NC 28734

Mailing Address

581 W. PALMER STREET
FRANKLIN NC 28734-3014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0733066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, STUART S ESQ
555 SW 12TH AVENUE
SUITE 101
POMPANO BEACH FL 33064-3505

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

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

400003250134--4
-05/12/00--01025--025
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM PARKER, DENNIS ☐ Delete
STREET ADDRESS 3557 NW 53RD COURT
CITY- ST- ZIP FORT LAUDERDALE FL 33309

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

TITLE NAME MGRM SCHULTE, THOMS ☐ Delete
STREET ADDRESS 3557 NW 53RD COURT
CITY- ST- ZIP FORT LAUDERDALE FL 33309

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

TITLE NAME MGRM SMOKY MOUNTAIN SYSTEMS, INC. ☐ Delete
STREET ADDRESS 581 WEST PALMER STREET
CITY- ST- ZIP FRANKLIN NC 28734

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

TITLE NAME MGRM CHEROKEE LONG DISTANCE, INC. ☐ Delete
STREET ADDRESS HWY 19, FRONTIER SHOPPING CENTER
CITY- ST- ZIP CHEROKEE NC 28719

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Charles D. D'Ascoli* 4/18/00 828 3691599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)