

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000278

1. Entity Name

UNICOM COMMUNICATIONS, L.L.C.

FILED

01 SEP 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

581 W. PALMER STREET
ATTN: VICKIE TALLEN
FRANKLIN NC 28734

Mailing Address

581 W. PALMER STREET
ATTN: VICKIE TALLEN
FRANKLIN NC 28734

2. Principal Place of Business

17 Smoky Mountain Dr
Suite, Apt. #, etc.

3. Mailing Address

17 Smoky Mountain Dr
Suite, Apt. #, etc.

City & State

Franklin NC
Zip 28734 Country

City & State

Franklin NC
Zip 28734 Country

4. FEI Number

65-0733066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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
Due By September 26, 2001

400004611834--1
-09/26/01--01036--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 17 Smoky Mountain Drive
STREET ADDRESS Franklin NC 28734
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Charles W. [Signature]

9/11/01 8283696067

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

Date Filing Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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