

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 08:00 AM**
Secretary of State**DOCUMENT # L98000001318****1. Entity Name**
3VS TELECOM SERVICES, L.C.**Principal Place of Business**

P.O. BOX 350415

JACKSONVILLE
32235

FL

Mailing Address

P.O. BOX 350415

JACKSONVILLE
32235

FL

2. Principal Place of Business

4868 WILD HERON WAY

3. Mailing Address

4868 WILD HERON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE

FL

City & State

JACKSONVILLE

FL

4. FEI Number**59-3624096**

Applied For

Not Applicable

Zip
32225

Country

Zip
32225

Country

5. Certificate of Status Desired☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent**VARGHESE MANNY K
4868 WILD HERON WAYJACKSONVILLE
32225

US

FL

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)

05/24/2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS/MEMBERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGHESE VICTORIA M	
STREET ADDRESS	P.O. BOX 350415	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGHESE VINZY M	
STREET ADDRESS	P.O. BOX 350415	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGHESE SMITHA M	
STREET ADDRESS	P.O. BOX 350415	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGHESE THERESA	
STREET ADDRESS	P.O. BOX 350415	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGHESE MANNY K	
STREET ADDRESS	P.O. BOX 350415	
CITY-ST-ZIP	JACKSONVILLE FL 32235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE VICTORIA M	
STREET ADDRESS	4868 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE VINZY M	
STREET ADDRESS	4868 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE SMITHA M	
STREET ADDRESS	4868 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE THRESA	
STREET ADDRESS	4868 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE MANNY K	
STREET ADDRESS	4868 WILD HERON WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.