2000 UNIFORM BUSINESS REPORT (UBR)

L98000003104

1. Entity Name

IT INTEGRATED TELECOM LLC

Principal Place of Business

DOCUMENT #

Mailing Address

5100 NW 33RD AVENUE. SUITE 250 FORT LAUDERDALE FL 33309

5100 NW 33RD AVENUE, SUITE 250

FORT LAUDERDALE FL 33309-6342

00 MAY -4 PH 12: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					/ 			
2. Principal Place of Business 3. Mailing Address						B() 8(B(DB)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Ci		City & State	City & State		4. FEI Number 65-0880181		Applied For Not Applicable	
Zip	Country	Zip	Country		-5. Certificate of Status Desired □ \$5.00 Additional ~ Fee Required			
	6. Name and Address of Current Re	1	7. Name and Address of New Registered Agent					
_		Name						
LIBOW, ALLEN H								
-			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	ATO ROAD, SUITE 4199		ļ	, , , , , , , , , , , , , , , , , , , 				
BOCA RA	TON FL 33431							
			City		FL.	Zip Code	9	
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)				ired when reinstating)	DATE			
				>				
			OW!!! FEE IS \$50.0	, ,			Į	
	-	Make Check Pa	ayable to Department	Pof State				
			T 40		ADDITIONS/CHANGES			
9.	MANAGING MEMBER				ADDITIONS/CHANGES			
TITLE	MGR	Delete	TITLE			Change	AIIGILGOII	
NAME	HORNER, RICHARD L	NAME				ì		
STREET ADDRESS	5100 NW 33RD AVENUE, SUITE 2	STREET ADDRESS CITY-ST-ZIP						
CJTY-ST-ZIP	FORT LAUDERDALE FL 33309			- 				
TITLE	MGR	Delata	TITLE			Change	Addition	
NAME	THOMAS, SEAN	NAME .						
STREET ADDRESS	THE E. DITOTARD DOUBLE WARD, COME CIT		STREET ADDRESS	6	000032676 	5165	9	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		<u>-US/26/UUU</u>		4	
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STREET ADDRESS			STREET ADDRESS				}	
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TITLE		☐ Detate	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY- 81- ZIP	· · ·		CITY- 87- ZIP					
				C4 110 07/	3)(i) Florida Statutos I further co	rtific that the is	termetice	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER