

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY -4 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003104

1. Entity Name
IT- INTEGRATED TELECOM LLC

Principal Place of Business
5100 NW 33RD AVENUE, SUITE 250
FORT LAUDERDALE FL 33309

Mailing Address
5100 NW 33RD AVENUE, SUITE 250
FORT LAUDERDALE FL 33309-6342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 Registered Agent

7. Name and Address of New Registered Agent

LIBOW, ALLEN H
301 YAMATO ROAD, SUITE 4199
BOCA RATON FL 33431

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 _____ (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

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS HORNER, RICHARD L
CITY-ST-ZIP 5100 NW 33RD AVENUE, SUITE 250
FORT LAUDERDALE FL 33309

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR
STREET ADDRESS THOMAS, SEAN
CITY-ST-ZIP 110 E. BROWARD BOULEVARD, SUITE 610
FORT LAUDERDALE FL 33301

TITLE NAME
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CITY-ST-ZIP

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00 (954) 935-1005
Date Daytime Phone #

CR2E083 (9/99)