2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORI	M DOSIN	E33 NEFO		(OPIN)	_					
DOCUMENT # L9900004318 1. Entity Name STRAIGHT TALK ENTERPRISES, LLC							FILED CRETARY OF STATE SION OF CORPORATIONS				
OTTAIGIT	I IACK CIVICIII	111000, 000			DIA	ISTON OF	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
Dringing Dies	a of Divisionan		Iniling Address			O MAR I	3 PH 5: 00				
Principal Plac 7226 W COLC ORLANDO FL	lalling Address 7226 W COŁONIAL DRIVE #113 ORŁANDO FL 32818-6743										
) (#6100) OPP (B100 (B10) PB30(B20)	EGNI EZIN GENI GI		#1 0 0	
Principal Place of Business						-		ecili celli ecili e			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI N	S 4-18713	05		plied For t Applicable	
Zip Country			Zip Coun		try	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Addre	ess of Current Regis	stered Agent	1		7. Nam	e and Address of New Re]
					Name						
SOTO, MILDRED T 125 LAKE DARBY PLACE GOTHA FL 34734					Street Address (P.O. Box Number is Not Acceptable)						
							<u> </u>				-
					City		FL Zip Code				
8. The above	named entity submits to	his statement for the	purpose of changing its	register	ed office or registe	ered agent,	or both, in the State of Flori	da.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.								DATE			
	Signature, typed or printed name	e of registered agent and title	1	<u>-</u>	d Agent signature requir		ing)	DAIL			1
			FILE NO Make Check Pa		FEE IS \$50.00 o Department						
				yaule i	o bepartment	oi oiale					
9.		IAGING MEMBERS/	MEMBERS	10. TITU	<u> </u>		ADDITIONS/C		hange	Addition	ا ۋ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTO, MILDRED T 7226 W COLONIAL		□ Jesana	MAM Stri			ì		,		00/0/ 6000
TITLE	ORLANDO FL 3281 MGRM	<u> </u>	☐ Delete	τιτυ			<u> </u>		hange	Addition	<u>ا</u>
NAME STREET ADDRESS CITY-ST-ZIP	SOTO, FREDERICK E 7226 W COLONIAL DRIVE #113				SE EET ADDRE\$8 '- 8T-ZIP	0000031956006 -04/04/0001086008					
TITLE			☐ Delete	TITL	F		*****55	. 00 *** □ <u>•</u>	hangō	* Addition	1
MAME STREET ABORESS					IE EET ADDRESS - ST-ZIP				-		
CITY-ST-Z(P TITLE	, ,		Delete	TITL					hange	Additten	1
NAME				MAM				,	/		
STREET ADDRESS CITY-ST-ZIP			2		EET ADDRESS - ST- ZIP						
TITLE			☐ Delete	TITL	ł				hange	Addition	
NAME STREET AUDRESS				NAM STR1	ET ADDRESS						
CITY-8T-ZIP				CITY	-ST-ZIP]
TITLE T			☐ Delete	TITL Nam			•		hange	Addition	
STREET AUDRESS CITY-ST-MP				STRI	EET AODRESS - ST- ZIP						
11. I hereby of indicated limited lia	certify that the information on this report is true an bility company of the re	on supplied with this d accurate and that ceiver or trustee em	illing does not qualify for my signature shall have powered to execute this	r the exe the same report as	mption stated in Se legal effect as if s required by Cha	Section 119. made unde pter 608, Flo	07(3)(i), Florida Statutes. I f er oath; that I am a managir orida Statutes.	urther certify thing member or n	at the ir nanage	nformation r of the	
	A		ENENSTONIA				- 12-00	407-		.	1
SIGNAT	URE: / VV	AND TYPED OR PRINTED I	AME OF SIGNING MANAGING	MEMBER (OR MANAGER		Date	Daytime			