

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90006 046 ****50.00

DOCUMENT # M00000002401

1. Entity Name

SKYTALKWEST TELECOM, LLC

Principal Place of Business

**425 WATER STREET, P.O. BOX 5192
 KETCHIKAN AK 99901**

Mailing Address

**425 WATER STREET, P.O. BOX 5192
 KETCHIKAN AK 99901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2755 E. Oakland Park Blvd.

**City & State
 Fort Lauderdale, FL 33306**

Suite, Apt. #, etc.

2755 E. Oakland Park Blvd. Suite 300

Fort Lauderdale FL 33306

City & State

Zip

33306

Country

4. FEI Number

92-0167139

Applied For

Not Applicable

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

**LANE, PAUL J
 2755 E. OAKLAND PARK BLVD., #303
 FORT LAUDERDALE FL 33306**

Name

Street Address (P.O. Box Number is Not Acceptable)

2755 E. Oakland Park Blvd # 300

City

Fort Lauderdale FL

FL

Zip Code

33306

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **ASHCRAFT, JOE**
 STREET ADDRESS **425 WATER STREET, P.O. BOX 5192**
 CITY-ST-ZIP **KETCHIKAN AK 99901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **MATHISON, BRIAN**
 STREET ADDRESS **425 WATER STREET, P.O. BOX 5192**
 CITY-ST-ZIP **KETCHIKAN AK 99901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **LARSON, DALE**
 STREET ADDRESS **5106 FULLER STREET**
 CITY-ST-ZIP **SOUTHFIELD MI 48066**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **MATHISON, KEVIN**
 STREET ADDRESS **234 ALMOND AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **SADRIWALLA, ABBAS**
 STREET ADDRESS **2755 E. OAKLAND PK BLVD., #303**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

Signature Required
ABBAS A-SADRIWALLA 04-17-02 (954) 566-0992

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

Date

Daytime Phone #

CR2E083 (9/01)