

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0023802

DOCUMENT # M00000002401

1. Entity Name

SKYTALKWEST TELECOM, LLC



FILED
03 APR 29 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2755 E OAKLAND PARK BLVD
SUITE 300
FORT LAUDERDALE FL 33306

Mailing Address

2755 E OAKLAND PARK BLVD
SUITE 300
FORT LAUDERDALE FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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
SUITE 300
FORT LAUDERDALE FL 33306

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

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
700017304677
04/29/03--01053--001 **50.00

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 48076

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: *Abbas Sadriwalla*

04-27-03

(954) 566-0772

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

Date

Daytime Phone #

CR2E083 (10/02)