

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90002 033 \*\*\*550.00

DOCUMENT # M30838  
1. Entity Name  
2001 TELECOMMUNICATIONS, INC. ✓

Principal Place of Business Mailing Address  
5373-N--Dixie-Hwy--  
Oakland-Park, FL--33334-----

2. Principal Place of Business 3. Mailing Address  
4426 N.E. 8th Ave. 2751 Highland Ave.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Oakland Park, FL Grants Pass, OR  
Zip Country Zip Country  
33324 USA 97526 USA

4. FEI Number Applied For  
65-0065826 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Shore, Shelly--  
3300-N.E.-40th-St.--  
Fort-Lauderdale, FL--33308---

7. Name and Address of New Registered Agent  
Name  
Adler, Mitchell D., Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2021 Tyler St.  
City City Code Zip Code  
Hollywood FL 33022

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00.**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shore, Sheldon J.		NAME	Rubera, Paul S.	
STREET ADDRESS	3300-N.E.-40th-St.-		STREET ADDRESS	2751 Highland Avenue	
CITY-ST-ZIP	Fort-Lauderdale, FL		CITY-ST-ZIP	Grants Pass, OR 97526	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Winstead, David G.	
STREET ADDRESS			STREET ADDRESS	2751 Highland Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Grants Pass, OR 97526	
TITLE		<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Sinclair, Renee	
STREET ADDRESS			STREET ADDRESS	2751 Highland Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Grants Pass, OR 97526	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 2000

Date

1-800-776-0332

Daytime Phone #

CR2E034 (9/99)