

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 047 ***158.75

DOCUMENT # **M59292** ✓

1. Entity Name

SPECIALIZED TELEPHONE SYSTEMS, INC

DOCUMENT # M59292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11532 W. STATE ROAD 84

Suite, Apt. #, etc.

3. Mailing Address

11532 W. STATE ROAD 84

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL.

City & State
DAVIE, FL.

4. FEI Number

65-0014974

Applied For

Not Applicable

Zip

Country

33325

BROWARD

Zip

Country

33325

BROWARD

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BERNARD SALBERG

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

11760 NW 24TH STREET

City

PLANTATION

FL

Zip Code
33323

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S
BERNARD SALBERG
11760 NW 24TH STREET
PLANTATION, FL. 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T
JAMES SALBERG
20520 S.W. 51 STREET
FT. LAUDERDALE, FL. 33332

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SALBERG 04/24/02 954-452-9181

Date

Daytime Phone #