

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001322

1. Entity Name
DIRECT-TEL USA, LLC

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1701 W. HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442	Mailing Address 1701 W. HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0868484

Applied For
 Not Applicable

Zip Country

Zip Country

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

GORSSMAN, J.B. ESQ.
2300 EAST LAS OLAS BLVD., 4TH FLOOR
FORT LAUDERDALE FL 33304

Name **JB GROSSMAN ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
40 ADDORNO & ZEDER
700 S. FEDERAL H'WAY - STE 200
City **BOCA RATON** FL Zip Code **33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM GETELMAN, CAREY
STREET ADDRESS **1701 W. HILLSBORO BOULEVARD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE NAME Change Addition
300004133963--8
STREET ADDRESS **-05/03/01--01085--018**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
MGRM KAPLAN, RON
STREET ADDRESS **1701 W. HILLSBORO BOULEVARD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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: Ron Kaplan **REQUIRE** Date 4/18/01 Daytime Phone # 954-426-4545

CR2E083 (11/00)