

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000637

1. Entity Name

FIRST REGIONAL TELECOM, LLC

Principal Place of Business

2814 UPTON STREET, NW  
WASHINGTON DC 20008

Mailing Address

2814 UPTON STREET, NW  
WASHINGTON DC 20008-3830

2. Principal Place of Business

962 Wayne Ave.  
Suite, Apt. #, etc.

3. Mailing Address

962 Wayne Ave.  
Suite, Apt. #, etc.

City & State

Silver Spring, MD

City & State

Silver Spring, MD

Zip

20910

Country

USA

Zip

20910

Country

USA

4. FEI Number

52-2046455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete  
NAME CHETRIT, ALAIN  
STREET ADDRESS 2814 UPTON STREET, NW  
CITY-ST-ZIP WASHINGTON DC 20008

TITLE MGR ☐ Delete  
NAME KERNUS, STUART  
STREET ADDRESS 1445 RESCARCH BLVD., 5TH FL  
CITY-ST-ZIP ROCKVILLE MD 20850

TITLE MGR ☐ Delete  
NAME MAVRIKES, GEORGE  
STREET ADDRESS 10 BLOOMINGDALE CT.  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE MGR ☐ Delete  
NAME MULLIGAN, ROBERT  
STREET ADDRESS 1814 KALORAMA SQ., NW  
CITY-ST-ZIP WASHINGTON DC 20008

TITLE MGR ☐ Delete  
NAME SPECHT, MICHAEL  
STREET ADDRESS 2814 UPTON STREET, NW  
CITY-ST-ZIP WASHINGTON DC 20008

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000003283710--6  
CITY-ST-ZIP -06/09/00--01113--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)