

# 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 962 Wayne Ave. Suite, Apt. #, etc. 701 City & State Silver Spring, MD Zip 20910 Country USA	3. Mailing Address 962 Wayne Ave. Suite, Apt. #, etc. 701 City & State Silver Spring, MD Zip 20910 Country USA
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4. FEI Number 52-2046455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHETRIT, ALAIN 2814 UPTON STREET, NW WASHINGTON DC 20008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERNUS, STUART 1445 RESCURCH BLVD., 5TH FL ROCKVILLE MD 20850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAVRIKES, GEORGE 10 BLOOMINGDALE CT. ROCKVILLE MD 20852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLIGAN, ROBERT 1814 KALORAMA SQ., NW WASHINGTON DC 20008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPECHT, MICHAEL 2814 UPTON STREET, NW WASHINGTON DC 20008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
000003283710--6 -06/09/00--01113--009 *****50.00 *****50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** Alain Chetrit CEO 5/16/00  
Signature, typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (9/99)