

2000 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED

Apr 24, 2000 8:00 am
Secretary of State

02-07-2000 90001 045 ****61.25

DOCUMENT # N96000004724

1. Entity Name

SOUTH FLORIDA TELCOM FORUM, INC.

Principal Place of Business

4301 NW 53RD COURT
COCONUT CREEK FL 33073

Mailing Address

4301 NW 53RD COURT
COCONUT CREEK FL 33073-4007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0722686

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BRAVERMAN, BENNETT ESQ.
625 NE THIRD AVENUE
FORT LAUDERDALE FL 33304

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SUGGS, STEVE	
STREET ADDRESS	ONE OAKWOOD BLVD, SUITE 218	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	TD	<input type="checkbox"/> Delete
NAME	JEFFRIES, ROSEMARY	
STREET ADDRESS	4301 NW 53 COURT	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BASFORD, TERRY	
STREET ADDRESS	P.O. BOX 260207	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al. Regli	
STREET ADDRESS	5404 NE 21 TERRACE	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	

TITLE	Karlsson, Rosemary "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(name change only)	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carpentieri, Amy	
STREET ADDRESS	1193 Newport Center Dr W	
CITY-ST-ZIP	Deerfield Beach, FL 33442	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary Karlsson

Date

1-16-00 305-670-5621

Daytime Phone #

CFR2037 (9/99)