

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90003 017 \*\*\*\*61.25

**DOCUMENT # N98000003030** ✓

1. Entity Name

**INTERNATIONAL AFRICAN TRANSPORTATION & TELECOMUN**

Principal Place of Business

Mailing Address

C/O LAWRENCE RAYMAN  
 1377 CLINT MOORE RD  
 BOCA RATON FL 33487

C/O LAWRENCE RAYMAN  
 1377 CLINT MOORE RD  
 BOCA RATON FL 33487-2722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0930449**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **DARKO, NAN OHENE**  
 STREET ADDRESS **10133 ASHBURTON LANE**  
 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **RAYMAN, LAWRENCE**  
 STREET ADDRESS **1377 CLINT MOORE ROAD**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **WELLER, PAUL**  
 STREET ADDRESS **1629 K STREET N.W., SUITE 1100**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ALPERT, ETHAN**  
 STREET ADDRESS **1377 CLINT MOORE ROAD**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CASHDOLLAR, ROBERT**  
 STREET ADDRESS **1629 K STREET N.W., SUITE 1100**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ATOBRA, KOBINAH DR**  
 STREET ADDRESS **1312 MORTGATE SQUARE**  
 CITY-ST-ZIP **RESTON VA 22090**

TITLE  Change  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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

861-251-9192

Daytime Phone #

CR2E037 (9/97)