

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003030 ✓

1. Entity Name

INTERNATIONAL AFRICAN TRANSPORTATION & TELECOMUN

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

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

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

Zip

Country

Zip

Country

4. FEI Number

65-0930449

Applied For

Not Applicable

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

Date

Daytime Phone #

5/1/00

861-251-9192

CR2E037 (9/9/97)