

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000461

1. Entity Name

LONESTAR TELCOM, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90249 036 ***158.75

Principal Place of Business

767 S. STATE RD. 7, SUITE 18
MARGATE FL 33068

Mailing Address

767 S. STATE RD. 7, SUITE 18
MARGATE FL 33068

2. Principal Place of Business

767 S. STATE RD. 7
Suite 18

3. Mailing Address

767 S. STATE RD. 7
Suite 18

City & State
MARGATE FL

City & State
Margate FL

Zip
33068

Country
USA

Zip
33068

Country
USA

4. FEI Number

05-0977110

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

CALABRESE, RICHARD
767 S. STATE RD. 7, SUITE 18
MARGATE FL 33068

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard J. Calabrese II <input type="checkbox"/> Delete PRESIDENT 9831 SW 16th Court Pembroke Pines FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TRES <input type="checkbox"/> Delete RICHARD J. Calabrese 302 NW 37th Way DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VICE PRESIDENT <input type="checkbox"/> Delete NANCY PARK HURST 251 HAMILTON AVENUE WATERBURY CT 06795
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard J. Calabrese II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 954-970-4363
Date Daytime Phone #

CR2E034 (9/99)