## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000045460

1. Entity Name

SIGNATURE

MD TELECOM, INC.

FILED Feb 28, 2001 8:00 am **Secretary of State** 

02-28-2001 90131 030 \*\*\*150.00

Principal Pla	no of Rueinage	

Mailing Address

1475 WEST CYPRESS CREEK ROAD

1475 WEST CYPRESS CREEK ROAD SUITE 204

SUITE 204 FT. LAUDERDALE FL 33309

FT. LAUDERDALE FL 33309

2. Principal Place of Business 22155 CANDLE COURT	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	
City & State	City & State		



DATE

Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State BOCA RATO	ON, FL. 33428	City & State		4. FEI Number 65 - 100 870 8	Applied For 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			
MACADOLIFALE MITCHEL			Name Street Address (P.O. Box Number is Not Acceptable)			
WYNSCHENK, MITCHEL 1475 WEST CYPRESS CREEK ROAD SUITE 204 FT. LAUDERDALE FL 33309						
		City	(Selling)	Zip Code		
8. The above nam	ned entity submits this statemen	t for the purpose of changing	ng its registered office o	r registered agent, or both, in the State of Florida.		

(NOTE: Registered Agent signature required when reinstating)

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

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 Change ☐ Addition TITLE ☐ Delete TITLE WYNSCHENIK, MITCHEL NAME NAME STREET ADDRESS 22155 CANDLE COURT 1475 WEST CYPRESS CREEK ROAD SUITE 204 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 BOCA RATON, FL. 33428 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.