

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90279 043 ***150.00

0483779

DOCUMENT # P00000045762

1. Entity Name

TOTAL TELEPHONE SOLUTIONS INC.

Principal Place of Business

**10040 NW 50TH MANOR
CORAL SPRINGS FL 33076-2419**

Mailing Address

**10040 NW 50TH MANOR
CORAL SPRINGS FL 33076-2419**

00030357

2. Principal Place of Business

4923 Kensington Cir
Suite, Apt. #, etc.

3. Mailing Address

4923 Kensington Cir
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs

City & State

Coral Springs

4. FEI Number

65-1007433

Applied For

Not Applicable

Zip

41

Country

33076

Zip

41

Country

33076

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAVIT, STEVEN C
10040 NW 50TH MANOR
CORAL SPRINGS FL 33076-2419**

7. Name and Address of New Registered Agent

Name **Ravit, Steven C.**
Street Address (P.O. Box Number is Not Acceptable)
4923 Kensington Cir

City **Coral Springs** **FL** Zip Code **33076**

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, 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

TITLE **D** ☐ Delete
NAME **RAVIT, STEVEN C**
STREET ADDRESS **10040 NW 50TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33076-2419**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4923 Kensington Cir**
CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01

954-345-7766

CR2E034 (10/00)