

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049005

1. Entity Name

TELECOM RESOURCES OF AMERICA, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90046 031 ***158.75

Principal Place of Business

21301 POWERLINE RD., SUITE 309
BOCA RATON FL 33433

Mailing Address

21301 POWERLINE RD., SUITE 309
BOCA RATON FL 33433

2. Principal Place of Business

205 Goolsby Blvd.

3. Mailing Address

205 Goolsby Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

Country

Zip

Country

33442

USA

33442

USA

6. Name and Address of Current Registered Agent

MASTRULLO, TONI R
21301 POWERLINE RD., SUITE 309
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

MASTRULLO, TONI R. ADDRESS ONLY

Street Address (P.O. Box Number is Not Acceptable)

205 Goolsby Blvd.

City

Deerfield Beach

FL

Zip Code
33442

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 ☐ Delete
NAME D
STREET ADDRESS MASTRULLO, TONI R
CITY-ST-ZIP 21301 POWERLINE RD., SUITE 309 205 Goolsby Blvd
BOCA RATON FL 33433 Deerfield Beach, FL 33442

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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: *Toni R. Mastrullo*

President

3/23/01 954-427-1104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)