

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90090 016 ***150.00

DOCUMENT # P00000086669

1. Entity Name
MICRO TELECOMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

**6012 RADIO RD.
 NAPLES FL 34104**

~~6012 RADIO RD.~~
~~NORTH PORT FL 34287~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 North Port FLA

4. FEI Number

59-3678698

Applied For

Not Applicable

Zip

Country

Zip

Country

34287

FLORIDA

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

**DAVIS, RONALD L ESQ.
 1550 NE MIAMI GARDENS DR., SUITE 407
 N. MIAMI BCH FL 33179**

Name **PEREZ PLASTICWALA**

Street Address (P.O. Box Number is Not Acceptable)
 6012 RADIO RD.

City **Naples** **FL** Zip Code **34104**

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 **(PRES) PEREZ PLASTICWALA**

01-25-02

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)**

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**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALMANZAR, RAMON
STREET ADDRESS 6265 HAMONY RD
CITY-ST-ZIP NORTH PORT FL 34287

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TITLE P/O
NAME PEREZ PLASTICWALA
STREET ADDRESS 6012 RADIO RD
CITY-ST-ZIP NAPLES FLA 34104

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

(PRES) PEREZ PLASTICWALA

01-25-02 954-605-5259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)