

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092036

1. Entity Name

DEBTEL COMMUNICATIONS, INCORPORATED

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 041 ***150.00

Principal Place of Business:

7118 MONTRICO DRIVE
BOCA RATON FL 33433

Mailing Address

7118 MONTRICO DRIVE
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

65-1044127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DEBORAH FORGIONE

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

7118 MONTRICO DR.

City

BOCA RATON

FL

Zip Code

33433

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

Deborah Forgione

DEBORAH FORGIONE

4/6/01

Signature (Typed or Printed Name of Registered Agent and Date) (NOTE: Registered Agent's signature required when transferring)

(NOTE: Registered Agent's signature required when transferring)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PVTD	☒ Delete
NAME	MINKIN, KENNETH D	
STREET ADDRESS	7118 MONTRICO DRIVE	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TITLE	S	☒ Delete
NAME	MCGUNNESS, MAUREEN	
STREET ADDRESS	7118 MONTRICO DRIVE	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PUTSO	☐ Change ☐ Addition
NAME	DEBORAH FORGIONE	
STREET ADDRESS	7118 MONTRICO DR.	
CITY-STATE-ZIP	BOCA RATON, FL 33433	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Deborah Forgione

4/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Secretary of State

CR3E034 (1/00)