

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90549 031 ***158.75

DOCUMENT # P01000002835

1. Entity Name

FLASHTEL, INC.

Principal Place of Business

**855 SW 78TH AVE.
 PLANTATION FL 33324**

Mailing Address

**855 SW 78TH AVE.
 PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1071770

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PARDES, MICHAEL
 855 SW 78TH AVE.
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME ☐ Delete
D PARDES, MICHAEL
 STREET ADDRESS **855 SW 78TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE NAME ☐ Delete
D MARKOWITZ, HOWARD
 STREET ADDRESS **855 SW 78TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE NAME ☐ Delete
D LIEBOWITZ, SARA
 STREET ADDRESS **855 SW 78TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE NAME ☐ Delete
D BRAFF, NELSON
 STREET ADDRESS **855 SW 78TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE NAME ☐ Delete
D LIEBOWITZ, JOSEPH
 STREET ADDRESS **855 SW 78TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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)(l), 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:

Michael Parde
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2002
 Date

954-453-7000
 Daytime Phone #

CR2E034 (9/01)