

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 018 ***150.00

DOCUMENT # P01000028179

1. Entity Name
IDT GROUP, INC.



Principal Place of Business
**1200 N FEDERAL HWY
STE 200
BOCA RATON FL 33432**

Mailing Address
**1200 N FEDERAL HWY
STE 200
BOCA RATON FL 33432**



2. Principal Place of Business

7667 W Sample Rd

3. Mailing Address

7667 W Sample Rd

Suite, Apt. #, etc.

254

Suite, Apt. #, etc.

254

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip

33065

Country

Zip

33065

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1090782**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FEINGOLD, DAVIUD J ESQ
FEINGOLD & KAM, LLC
3300 PGA BLVD, STE 410
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SILVERMAN, DARREN**
STREET ADDRESS **1515 S FEDERAL HWY, STE 210**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition
NAME **Darren Silverman**
STREET ADDRESS **7667 W. Sample Rd # 254**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **VP/Director** ☒ Change ☐ Addition
NAME **SEAN ZAUSNER**
STREET ADDRESS **7667 W Sample Road #254**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VP/Director** ☒ Change ☐ Addition
NAME **KRISTIN BASO**
STREET ADDRESS **7667 W Sample Road #254**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Silverman*

Date

Daytime Phone #

1/21/03 800-424-5271

CR2E034 (10/02)