

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
05-08-2002 90128 047 \*\*\*150.00

**DOCUMENT #**

1. Entity Name *Teleport Communications*  
*7010000068248 ✓*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*103 NE 3RD AVE*

Suite, Apt. #, etc.

*103 NE 3RD AVE*

City & State

*Miami FL*

City & State

*Miami FL*

Zip

*33132*

Country

*US*

Zip

*33132*

Country

*US*

4. FEL Number

*65-1119557*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*David K Heerh*

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

*175 West Camino Real*

City

*Boca Raton*

**FL**

Zip Code

*33432*

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 *President*  
NAME *GARY MANDERHAN*  
STREET ADDRESS *103 SE 13TH TERR*  
CITY-ST-ZIP *Miami FL 33132*

TITLE *Vice President*  
NAME *SCOTT WELLS*  
STREET ADDRESS *103 NE 3RD AVE*  
CITY-ST-ZIP *Miami FL 33132*

TITLE  
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott Wells* *Scott Wells* *4/28/02* *305-796-3813*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #