

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077665

1. Entity Name

TELEFORCE INTERNATIONAL, INC.

Principal Place of Business

4000 HOLLYWOOD BOULEVARD  
SUITE 755 SOUTH  
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BOULEVARD  
SUITE 755 SOUTH  
HOLLYWOOD FL 33021

2. Principal Place of Business

3330 N University dr  
Suite, Apt. #, etc.

3. Mailing Address

3330 N University dr  
Suite, Apt. #, etc.

City & State

Sunrise FL  
Zip 33351 Country USA

City & State

Sunrise FL  
Zip 33351 Country USA

4. FEI Number

65-1127492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUB, MARTA L  
4000 HOLLYWOOD BOULEVARD  
SUITE 755 SOUTH  
HOLLYWOOD FL 33021

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.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PAPUNEN, SANDRA  
4000 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EISDORFER, CHRIS  
4000 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PAPUNEN Sandra  
3330 N University dr  
Sunrise FL 33351 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Eisdorfer chris  
3330 N University dr  
Sunrise FL 33351 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90195 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)