

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90273 046 ***150.00

DOCUMENT # P01000121732

1. Entity Name
RESOURCE TELECOM, INC.

Principal Place of Business

6229 BEEDLA
N PORT FL 34286

Mailing Address

6229 BEEDLA
N PORT FL 34286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6229 BEEDLA ST.

3. Mailing Address

P.O. Box 7792

Suite, Apt. #, etc.

NORTH PORT

Suite, Apt. #, etc.

NORTH PORT FL

City & State

FL

City & State

FL

Zip

34286

Country

USA

Zip

34287

Country

USA

4. FEI Number

30-0055968

Applied For...

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMANZAR, RAMON
6229 BEEDLA
N PORT FL 34286

7. Name and Address of New Registered Agent

Name

RAMON ALMANZAR

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

6229 BEEDLA ST.

City

NORTH PORT

FL

Zip Code

34286

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]

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	RAMON ALMANZAR	
STREET ADDRESS	6229 BEEDLA ST	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	EVELYN ALMANZAR	
STREET ADDRESS	6229 BEEDLA ST	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02

CR2E034 (9/01)