

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90122 017 ***150.00

DOCUMENT # P02000022043

1. Entity Name
5TH AVE. TELECOM, INC.



Principal Place of Business
**5440 NW 5TH AVENUE
BOCA RATON FL 33487**

Mailing Address
**5440 NW 5TH AVENUE
BOCA RATON FL 33487**



2. Principal Place of Business
709 NW 7TH CT
Suite, Apt. #, etc.

3. Mailing Address
709 NW 7TH CT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL.
Zip
33426 Country
USA

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Boynton Beach, FL.
Zip
33426 Country
USA

4. FEI Number
02-0553159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAGE, TERRY
5440 NW 5TH AVENUE
BOCA RATON FL 33487**

Address Changed →

7. Name and Address of New Registered Agent

Name
TERRY LAGE
Street Address (P.O. Box Number is Not Acceptable)
709 NW 7TH CT
City
Boynton Beach, FL Zip Code
33426

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 *Terry LAGE* **Terry LAGE President**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

2-26-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terry LAGE 709 NW 7TH CT Boynton Beach, FL 33426	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: *Terry LAGE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03 / 561-732-3855
Date Daytime Phone #

CR2E034 (10/02)