FROM : GLOBALBOT CORP PHONE NO. : 954 458 9467 5/5

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91882 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046685

1. Entity Name
TELECO PAW MULTISERVICES OF LAKE WORTH, INC.

55047358

Principal Place of Business
400 S DIXIE HWY
LAKE WORTH, FL 33460

Mailing Address
400 S DIXIE HWY
LAKE WORTH, FL 33460

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 81-0548173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DAZILE, SERGE R
1437 NE 4TH AVE
FT LAUDERDLAE, FL 33304

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 ______ DATE

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BIEN-AIME, LOSAIRE	
STREET ADDRESS	400 S DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	☐ Delete
NAME	BIEN-AIME, MARC	
STREET ADDRESS	400 S DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH, FL 33460	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: X Losaire [signature] 04/29/03 (561) 493-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #