

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90436 015 ***150.00

DOCUMENT # P02000098034

1. Entity Name
EXPERT TELECOMMUNICATIONS, INC.



Principal Place of Business
**603 VILLAGE BLVD STE 102
WEST PALM BEACH FL 33409**

Mailing Address
**603 VILLAGE BLVD STE 102
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

**931 Village Blvd,
Suite, Apt. #, etc.
#905-378**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33409

USA

4. FEI Number

14-1847613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name

Ken Rinkor

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

931 Village Blvd.

#905-378

City

West Palm Beach

FL

Zip Code

33409

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

Ken Rinkor
Signature typed or printed name of registered agent and title if applicable.

KEN RINKOR

(NOTE: Registered Agent signature required when reinstating)

4-14-03

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
**PSTD
RINKOR, KENNETH
603 VILLAGE BLVD STE 102
WEST PALM BEACH FL 33409**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AMMONS, DANIEL M
603 VILLAGE BLVD STE 102
WEST PALM BEACH FL 33409**

☐ Delete

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

41-656-4775

Daytime Phone #

CR2E034 (10/02)