

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002180

1. Entity Name

U.S. PAYPHONES INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90113 013 ***158.75

Principal Place of Business 11207 N.W. 15TH STREET SUITE 304 PEMBROKE PINES FL 33026 US	Mailing Address 11207 N.W. 15TH STREET SUITE 304 PEMBROKE PINES FL 33026-2689 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0368082	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DELEMOS, GEORGE
11207 N.W. 15TH STREET
SUITE 304
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name: George Delemos
Street Address (P.O. Box Number is Not Acceptable): 19930 NE 21ST Ave.
City: NO. MIAMI BEACH FL Zip Code: 33179

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: George Delemos, President (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEMOS, GEORGE 11207 N.W. 15TH STREET PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: George Delemos, President DATE: 4/28/2000 Daytime Phone #: 954-436-4986

CR2E034 (9/99)