

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Meekman
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022676 (9)**

1. Corporation Name
URSUS TELECOM CORPORATION

Principal Office Address: **440 SAWGRASS CORP PKWY
SUITE 112
SUNRISE FL 33325
US**
Mailing Address: **440 SAWGRASS CORP PKWY
SUITE 112
SUNRISE FL 33325
US**

EXPIRATION DATE IN THIS SPACE

3. State Incorporated in (2 letters) **03/23/1993** 3a. Date of Last Report **04/05/1994**
4. FEE Number **65-0398306** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has made the statement under 5-199 (312) Florida Statute ☒ Yes ☐ No

2. Principal Office of Employees: 26. Mailing Address:
21. City, State, Zip: 27. State, Apt # etc:
22. City, State, Zip: 28. City & State:
23. City, State, Zip: 29. City, State, Zip:
24. City, State, Zip: 30. City, State, Zip:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEVIN, ARNOLD D
200 S BISCAYNE BLVD
33RD FLOOR
MIAMI FL 33131-2385**

81. Name:
82. Street Address (P.O. Box Number is Not Accepted):
83. City, State, Zip:
84. City, State, Zip: **FL** 85. City, State, Zip:

11. Pursuant to the provisions of Sections 602, 603 and 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent to be in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am hereby accepting the obligations of such registered agent, Florida Statutes.

Signature of Registered Agent: _____ Signature of Officer or Director: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	PC GUISANI, LUCA	1. NAME	☐ Change ☐ Addition
ADDRESS	122 DILDO DR	2. NAME	
CITY, STATE, ZIP	MIAMI BEACH FL	3. NAME	
NAME	V	4. NAME	☐ Change ☐ Addition
ADDRESS	CHASKIN, JEFFREY	5. NAME	
CITY, STATE, ZIP	9944 NW 48TH CT	6. NAME	
NAME	CORAL SPRINGS FL	7. NAME	☐ Change ☐ Addition
ADDRESS		8. NAME	
CITY, STATE, ZIP		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	
ADDRESS		11. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		12. NAME	
NAME		13. NAME	☐ Change ☐ Addition
ADDRESS		14. NAME	
CITY, STATE, ZIP		15. NAME	☐ Change ☐ Addition
NAME		16. NAME	
ADDRESS		17. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		18. NAME	
NAME		19. NAME	☐ Change ☐ Addition
ADDRESS		20. NAME	
CITY, STATE, ZIP		21. NAME	☐ Change ☐ Addition
NAME		22. NAME	
ADDRESS		23. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		24. NAME	
NAME		25. NAME	☐ Change ☐ Addition
ADDRESS		26. NAME	
CITY, STATE, ZIP		27. NAME	☐ Change ☐ Addition
NAME		28. NAME	
ADDRESS		29. NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		30. NAME	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the information is true and correct as of the date of filing. I further certify that the information is true and correct as of the date of filing and that my signature shall have the same legal effect as if made under oath. I am hereby accepting the obligations of such registered agent, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing with an address.

SIGNATURE: **Jeffrey Chaskin** 4-28-95 305-846-7887
SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR