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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90146 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000022676

1. Corporation Name

URSUS TELECOM CORPORATION

Principal Place of Business

440 SAWGRASS CORPORATE PARKWAY, SUITE 112
SUNRISE FL 33325
US

Mailing Address

440 SAWGRASS CORPORATE PARKWAY, SUITE 112
SUNRISE FL 33325
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1993

4. FEI 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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KOUTOULAS, GREGORY J
11744 SW 59TH COURT
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUISSANI, LUCA	
STREET ADDRESS	122 DILDO DR	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHASKIN, JEFFREY	
STREET ADDRESS	920 NW 121ST AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	KOUTULAS, GREGORY	
STREET ADDRESS	11744 SW 59TH COURT	
CITY-ST-ZIP	COOPER CITY FL	

TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	SEEFRIED, JOHANNES S	
STREET ADDRESS	254 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MCEWAN, RICHARD C	
STREET ADDRESS	8231 NW 49TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	NEWPORT, WILLIAM	
STREET ADDRESS	9492 OAK FALLS COURT	
CITY-ST-ZIP	GREAT FALLS VA 22066	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. KOUTOULAS 4-29-99 954-846-7887
Date Daytime Phone #

CR2E034 (11/98)