

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038738

1. Entity Name
LONG DISTANCE COMMUNICATIONS, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90062 038 ***150.00

Principal Place of Business
**1005 NE 203RD TERRACE
MIAMI FL 33179
US**

Mailing Address
**2221 NE 164TH ST
PMB 344
N MIAMI BEACH FL 33160
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Bayview Drive

3. Mailing Address

Suite, Apt. #, etc.

2205

City & State
Sunny Isles Beach, FL

Zip

33160

Country

Zip

Country

4. FEI Number **65-0423558**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROCTOR, SCOTT
1005 NE 203RD TERRACE
MIAMI FL 33179**

Name

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

**100 Bayview Drive
2205**

City

Sunny Isles Beach

FL

Zip Code

33160

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

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

(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, 2001 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 **D** ☐ Delete
NAME **PROCTOR, SCOTT**
STREET ADDRESS **1005 NE 23RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33179**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **100 Bayview Drive #2205**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE **D** ☐ Delete
NAME **SHER, CHARLES**
STREET ADDRESS **1005 NE 23RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33179**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **100 Bayview Drive #2205**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Proctor

04-02-'01

Date

305-940-1577

Daytime Phone #

CR2E034 (10/00)