

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049852

1. Entity Name

AFTEL FLORIDA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90180 049 ***150.00

Principal Place of Business

3260 NW 23RD
SUITE 1400
POMPANO FL 33069
US

Mailing Address

3260 NW 23RD.
SUITE 1400
POMPANO FL 33069-1060
US

2. Principal Place of Business

2570 N. Powerline Rd

Suite, Apt. #, etc.

Ste. 502

City & State
Pompano Beach FL

Zip
33069

Country
USA

3. Mailing Address

2570 N. Powerline Rd.

Suite, Apt. #, etc.

Ste. 502

City & State
Pompano Beach FL

Zip
33069

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2491118

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

EDWARDS, BRIAN

3260 N.W. 23RD, SUITE 1400 2570 N. Powerline Rd.
POMPANO FL 33069 Ste. 502

Pompano Beach, FL
33069

Name

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

City

FL

Zip Code

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

Vickie K. Armbruster

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

(NOTE: Registered Agent signature required when reinstating)

1-6-00

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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

TITLE ☐ Delete

NAME
P HIMENES, LINDA
STREET ADDRESS
1804 LINDA LANE
CITY-ST-ZIP
RICHARDSON TX 75081

TITLE ☐ Delete

NAME
VP ARMBRUSTER, JOSEPH
STREET ADDRESS
14283 76TH RD., NORTH
CITY-ST-ZIP
LOXAHATCHEE FL 33470

TITLE ☐ Delete

NAME
ST ARMBRUSTER, VICKIE
STREET ADDRESS
14283 76TH ROAD, NORTH
CITY-ST-ZIP
LOXAHATCHEE FL 33470

TITLE ☐ Delete

NAME
VP MC DONALD, JOHN M.
STREET ADDRESS
104 CHERRY HILL CIRCLE
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)