

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065432

1. Entity Name  
PAYPHONES UNLIMITED INC.

Principal Place of Business

2705 N.W. 52 CT  
FT LAUDERDALE FL 33309  
US

Mailing Address

P. O. BOX 771854  
CORAL SPGS. FL 33077-1854  
US

2. Principal Place of Business

12033 NW 56 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

Country

33076

Zip

Country

4. FEI Number 65-0437261

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

GUGLIOTTA, KIM J

2705 N.W. 52 CT

FT LAUDERDALE FL 33309

Name

GUGLIOTTA, Kim J

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

12033 NW 56 ST

City

CORAL SPRINGS FL FL

Zip Code

33076

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GUGLIOTTA, KIM 2705 N.W. 52 CT FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOROWITZ, ILENE 2705 NW 52 CT FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12033 NW 56 ST CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12033 NW 56 ST CORAL SPRINGS FL 33076	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01 954-7572522

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)