

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083781

1. Entity Name

TRESCOM INTERNATIONAL, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90052 019 ***150.00

Principal Place of Business

Mailing Address

1700 OLD MEADOW ROAD
MCLEAN VA 22102
US

1700 OLD MEADOW ROAD
MCLEAN VA 22102-4302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0454571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STANKEY, ROBERT
4601 SHERIDAN ST.
6TH FLR
HOLLYWOOD FL 33021

Name DAVID P. SLOTKIN

Street Address (P.O. Box Number is Not Acceptable)
4601 SHERIDAN ST
6TH FLOOR

City HOLLYWOOD FL Zip Code 33021

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

David P. Slotkin

DAVID P. SLOTKIN, SECRETARY

4/17/00

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, 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	PD	<input type="checkbox"/> Delete
NAME	SINGH, K. PAUL	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEPODESTA, JOHN	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAZARD, NEIL K	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STANKEG, ROBERT	
STREET ADDRESS	4801 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZARD, NEIL L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOTKIN, DAVID P.	
STREET ADDRESS	4601 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NEIL L. HAZARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

703-902-2800

Daytime Phone #

CR2E034 (9/99)