

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90326 003 ***150.00

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DOCUMENT # P94000075477

1. Entity Name

TRANSGLOBAL TELCOM, INC.



Principal Place of Business

855 S.W. 78TH AVENUE
PLANTATION FL 33324
US

Mailing Address

855 S.W. 78TH AVENUE
PLANTATION FL 33324
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0531138

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PARDES, MICHAEL A
855 SW 78 AVENUE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PARDES, MICHAEL A
STREET ADDRESS 855 SW 78 AVENUE
CITY-ST-ZIP PLANTATION FL 33324

TITLE DST ☐ Delete
NAME MARKOWITZ, HOWARD
STREET ADDRESS 855 SW 78 AVENUE
CITY-ST-ZIP PLANTATION FL 33324

TITLE DV ☐ Delete
NAME LIEBOWITZ, TED
STREET ADDRESS 855 SW 78 AVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ Delete
NAME BRAFF, NELSON
STREET ADDRESS 162 E 64 ST
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ Delete
NAME LIEBOWITAZ, SARA
STREET ADDRESS 162 E 64 STREET
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A. Pardes MICHAEL PARDES, 4-14-03 (954) 453-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)