

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082911

1. Entity Name

TRESKOM NETWORK SERVICES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90197 039 ***150.00

Principal Place of Business

Mailing Address

1700 OLD MEADOW RD.
FLR.
MCLEAN VA 221021700 OLD MEADOW RD.
3RD FLR.
MCLEAN VA 22102-4302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0525168

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

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, SECRETARY 4/17/00

(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 State10. 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 P
NAME SINGH, K. PAUL
STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.
CITY-ST-ZIP MCLEAN VA 22102 ☐ DeleteTITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE S
NAME STANKEY, ROBERT
STREET ADDRESS 4601 SHERIDAN ST., 6TH FLR.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ DeleteTITLE S
NAME SLOTKIN, DAVID P.
STREET ADDRESS 4601 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☒ AdditionTITLE VP
NAME DEPODESTA, JOHN
STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.
CITY-ST-ZIP MCLEAN VA 22102 ☐ DeleteTITLE VP/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE T
NAME HAZARD, NEIL
STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.
CITY-ST-ZIP MCLEAN VA 22102 ☐ DeleteTITLE T/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/99)