

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P95000021129

1. Entity Name

INTERNATIONAL TELESERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

01-25-2000 90122 019 ***150.00

Principal Place of Business

2455 E SUNRISE BLVD
10TH FLR
FORT LAUDERDALE FL 33304

Mailing Address

2455 E SUNRISE BLVD
10TH FLR
FORT LAUDERDALE FL 33304-3118

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0566856

4. FEI Number

65-0566856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOYLE, BERNARD T ESQ.
BENSON, MOYLE & CHAMBERS
ONE FINANCIAL PLAZA, SUITE 1600
FORT LAUDERDALE FL 33394

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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
NAME FEDER, STEVE
STREET ADDRESS 2455 E SUNRISE BLVD- 10TH FLR
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE D
NAME STOLZ, PETER
STREET ADDRESS 2455 E SUNRISE BLVD- 10TH FLR
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Additor

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Additor
STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Additor
STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Additor
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 addendum with all other like empowered.

SIGNATURE:

SIGNATURE REPEATED STOLZ

1/18/00

954-568-3308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #