

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000064464 (7)**

1. Entity Name

**CITY-TEL, INC.**

APPROVED  
AND  
FILED

MAR 30 AM 9:15

Principal Place of Business

**2706 NE 21ST Terrace  
Ftlaud, FL 33306**

Mailing Address

**2706 NE 21ST Terrace  
Ftlaud, FL 33306**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

**2712 NE 21ST Terrace  
Suite, Apt. #, etc.**

**2712 NE 21ST Terrace  
Suite, Apt. #, etc.**

**00-01 UBR**

City & State

**Fortlaud, FL**

City & State

**Fortlaud, FL**

4. FEI Number

**65-074-4964**

Applied For

Not Applicable

Zip

**33306**

Country

**Broward**

Zip

**33306**

Country

**Broward**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Green, Terri  
2100 N Ocean BLVD, # 2001  
Ftlaud, FL 33305**

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 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, 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

TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>Terri Green</b>
STREET ADDRESS	<b>2100 N Ocean BLVD, # 2001</b>
CITY-ST-ZIP	<b>Ft Laud, FL 33305</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P. Dragoslavic, Slavoyub</b>
STREET ADDRESS	<b>2712 NE 21ST Terrace</b>
CITY-ST-ZIP	<b>Fort Laud, FL 33306</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200004008732--0</b>
STREET ADDRESS	<b>-04/13/01--01087--023</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200004008732--0</b>
STREET ADDRESS	<b>-04/13/01--01087--024</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (11/00)

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

**2-13-01**

Date

**954-524-9999**

Daytime Phone #

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000064464 (7)**  
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**CITY-TEL, INC.**

1. Place of Business Mailing Address  
**2706 NE 21ST Terrace Fortland, FL 33306**      **2706 NE 21ST Terrace Fortland, FL 33306**

2. Principal Place of Business 3. Mailing Address  
**2712 NE 21ST Terrace**      **2712 NE 21ST Terrace**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Fortland, FL**      **Fortland, FL**  
 Zip Country Zip Country  
**33306 Broward**      **33306 Broward**

4. FEI Number Applied For  
**65-074-4964**       Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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**Green, Terri**  
**2100 N Ocean BLVD, # 2001**  
**Fortland, FL 33305**

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11. OFFICERS AND DIRECTORS			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	
NAME	<b>Terri Green</b>		
STREET ADDRESS	<b>2100 N Ocean BLVD, # 2001</b>		
CITY-ST-ZIP	<b>Fortland, FL 33305</b>		
TITLE	<b>P. DRAGOSLAVIC, SLAVOLUB</b>	<input type="checkbox"/> Delete	
NAME	<b>2712 NE 21ST Terrace</b>		
STREET ADDRESS	<b>Fortland, FL 33306</b>		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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SIGNATURE: \_\_\_\_\_ Date: **2-13-01** **954-524-9999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)