## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P95000067049 WHOLESALE LONG DISTANCE, INC. 02-06-2001 90270 041 \*\*\*150.00 Mailing Address Principal Place of Business 3347 NW 53RD CIRCLE 3347 NW 53RD CIRCLE **BOCA RATON FL 33946 BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0652296 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAGIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3347 NW 53RD CIRCLE **BOCA RATON FL 33496** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition Delete TITLE TITLE NAME FAGIN, RICHARD NAME STREET ADDRESS 3347 NW 53RD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 the 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 of truster ampowered treespected 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.

NG OFFICER OR DIRECTOR

NATURE AND TYPED OR PRINTED NAMI

**FILED**