0170007 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) Sec

DOCUMENT#

P96000041295

1. Entity Name

FRENTEL COMMUNICATIONS, INC.



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90224 028 ***150.00

			•		j			
Principal Place of Business 2701 N HIATUS RD HOLLYWOOD FL 33026-1305		Mailing Address 2701 N HIATUS RD HOLLYWOOD FL 33026-1305			 	1840 11 40 11 40 1 40 14	116 11616 1	(1191 1191 1191
2. Principal Place of Business		3. Mailing Address				il ii (1 ii) (1 ii) 11ii (1		, 1181, 1181
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0695534 Applied F			olied For Applicable
Zip Country		Zip	Coun	try			75 Addi Required	itional
	6. Name and Address of Curren	t Registered Agent	egistered Agent		7. Name and Address of New Registered Agent			
	•		Name					
SANDLER 9133 TAE	i, MARCIA I st. 1431 W.Farvu (E PINES EL 33024 Pembro	ay Rd.	1	Street Address (P.O. Box Number is Not Acceptable)				
PEMBRO	(EPINES EL 33024 Pembro	Net Aves, H 3302	Avas H. Sana City			FL Zi	ip Code	
<u> </u>		, , , , , , , , , , , , , , , , , , , 					·	
	named entity submits this statement ions of registered agent.	or the purpose of changing its	s registere	ed office or register	red agent, or both, in the State of Fi	orida. 1 am tamilia	r with, a	.nd accept
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E: Registered	d Agent signature required	d when reinstating)	DATE]
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				9. Election Campaign Fi Trust Fund Contribution		\$5.00 Added t	May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS	IN 11
TITLE	DP	☐ Delete TI				□ C	hange	☐ Addition
NAME			NAM					ļ
STREET ADDRESS CITY-ST-ZIP			1	et address - St-Zip				
								
TITLE NAME	ST SANDLER, MARCIA	\☐ Delete	TITLE	j		□ c	nange	Addition
STREET ADDRESS	2701 N HIATUS RD			ET ADDRESS			•	1
CITY-ST-ZIP			CITY-	-ST-ZIP				}
TITLE	The Sart	☐ Delete	TITLE		-		hange	Addition
NAME			NAME	E }				i
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-}	-ST-ZIP	- 			
TITLE NAME		L Delete	TITLE			□ ċi	range	Addition
STREET ADDRESS	•		NAME STREE	ET ADDRÉSS				i
CITY-ST-ZIP				-ST-ZIP				1
TITLE		☐ Deléte	TITLE			□ CI	hange	Addition
NAME I			NAME	1			-	_
STREET ADDRESS				ET ADDRESS)
CITY-\$T-ZIP			CITY-	-ST-ZIP				
TITLE		☐ Delete	TITLE	J		☐ CI	тапфе	☐ Addition
NAME STREET ADDRESS			NAME	ET ADDRESS				
CITY-ST-ZIP	10 10			ST-ZIP				1
	ertify that the information supplied wit	h this filing does not qualify fo	r the exer	motion stated in Se	etion 119.07(3)(i). Florida Statutes	I further certify the	t the inf	ormation
of the cor	on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that r lowered to execute this report	ny signati as requir	ure shall have the s	same legal effect as if made under	nath: that I am an r	officer o	r director

SIGNATURE:

GAZENATSICE SIGNING OFFICER OR DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OR

1/24/03

954-431-7569

Daytime Phone #