

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90097 001 ***450.00

DOCUMENT # P97000036011

1. Entity Name

GLD, GROUP LONG DISTANCE, INC.

Principal Place of Business

6600 N ANDREWS AVENUE
SUITE 140
FORT LAUDERDALE FL 33309

Mailing Address

6600 N ANDREWS AVENUE
SUITE 140
FORT LAUDERDALE FL 33309

25015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 E. Atlantic Blvd

3. Mailing Address

400 E. Atlantic Blvd

Suite, Apt. #, etc.

First Floor

Suite, Apt. #, etc.

First Floor

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0747397

Applied For

Not Applicable

Zip

33060

Country

Zip

33060

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

400 E. Atlantic Blvd
First Floor

City

Pompano Beach

FL

Zip Code

33060

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROACH, GLENN S	
STREET ADDRESS	6600 N ANDREWS AVENUE STE 140	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HITNER, SAM	
STREET ADDRESS	6600 N ANDREWS AVENUE STE 140	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOACH, GLENN S	
STREET ADDRESS	400 E. Atlantic Blvd	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 E. Atlantic Blvd	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

954/788-7871

Daytime Phone #

CR2E034 (10/00)