

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90081 001 \*\*\*158.75

DOCUMENT # P97000051097

1. Entity Name

**MICROSUN TELECOMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

800 WETS OAKLAND PARK BLVD  
 STE 100  
 FORT LAUDERDALE FL 33311

800 WETS OAKLAND PARK BLVD  
 STE 100  
 FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

11471 W. SAMPLE RD

11471 W. SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 17

STE 17

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

Zip

33065

Country

4. FEI Number

65-1765942

Applied For

Not Applicable

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

SIMRING, ELLIS  
 8100 WEST OAKLAND PARK BLVD  
 STE 100  
 FORT LAUDERDALE FL 33311

Name **SAM RAMAN**

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

11471 W. SAMPLE RD

STE 17

City **CORAL SPRINGS**

FL

Zip Code

33065

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

**SAM RAMAN**

**PRESIDENT**

**3/31/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **RASABI, STEVE**  
 STREET ADDRESS **800 WEST OAKLAND PARK BLVD. STE. 100**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **P/S** ☐ Change ☒ Addition  
 NAME **SAM RAMAN**  
 STREET ADDRESS **11471 W. SAMPLE RD, STE 17**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP/T** ☐ Change ☒ Addition  
 NAME **SUNDAR RAMAN**  
 STREET ADDRESS **11471 W. SAMPLE RD, STE 17**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**3/31/00**

Date

**954-227-3600**

Daytime Phone #

CR2E034 (9/99)