

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051097

1. Entity Name
MICROSUN TELECOMMUNICATIONS, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90558 045 ***150.00

Principal Place of Business

11471 W SAMPLE RD
SUITE 17
CORAL SPRINGS FL 33065

Mailing Address

11471 W SAMPLE RD
SUITE 17
CORAL SPRINGS FL 33065



2. Principal Place of Business

9353 W SAMPLE RD #201

3. Mailing Address

Suite, Apt. #, etc.

Suite 201

City & State

CORAL SPRINGS FL

Zip

33065-4101

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

DO NOT WRITE IN THIS SPACE

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

RAMAN, SAM
11471 W SAMPLE RD
SUITE 17
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9353 W. SAMPLE RD #201
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

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, 2002 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 PS
NAME RAMAN, SAM
STREET ADDRESS 11471 W SAMPLE RD, #17
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VT
NAME RAMAN, SUNDAR
STREET ADDRESS 11471 W SAMPLE RD, #17
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9353 W SAMPLE RD #201
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9353 W SAMPLE RD #201
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

954 227-3600

CR2E034 (9/01)