2001 UNIFORM BUSINESS REPORT (UBR)

address, with all other

SIGNATURE:

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P97000067248 1. Entity Name SUNGLOBE TELECOM, INC. 04-28-2001 90057 009 ***150.00 Principal Place of Business Mailing Address 1550 SAWGRASS CORP PKWY 1550 SAWGRASS CORP PKWY 370 SUNRISE FL 33323 SUNRISE FL 33323 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0778109 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNSTEIN, JOSEPH L PA Street Address (P.O. Box Number is Not Acceptable) 506 S.E. 8TH ST FT LAUDERDALE FL 33316 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition Change TITLE ☐ Delete TITLE PASTERNAK, BARRY H NAME NAME 101 S.W. 63RD TERRACE STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33317 Change Addition Delete TITLE TITLE & Corp. PKWY. Suite 370 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE NAME -NAME Corp. Akury. Suite 3-10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME Curp. Pewy. Sute 370 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITt F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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