

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90160 017 ***150.00

DOCUMENT # P97000067248

1. Entity Name
SUNGLOBE TELECOM, INC.

Principal Place of Business
**1550 SAWGRASS CORP PKWY
 370
 SUNRISE FL 33323
 US**

Mailing Address
**1550 SAWGRASS CORP PKWY
 370
 SUNRISE FL 33323
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0778109

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

**BERNSTEIN, JOSEPH L PA
 506 S.E. 8TH ST
 FT LAUDERDALE FL 33316**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PASTERNAK, BARRY H**
 STREET ADDRESS **101 S.W. 63RD TERRACE STE 100**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Barry H. Pasternak**
 STREET ADDRESS **1550 Sawgrass Corp. Pkwy Ste 370**
 CITY-ST-ZIP **Sunrise, Fla. 33323**

TITLE **PD** ☒ Delete
 NAME **PASTERICK, BARRY H**
 STREET ADDRESS **1550 SAWGRASS CORP PKWY STE 370**
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE **D** ☐ Delete
 NAME **FISCHLER, ABRAHAM S**
 STREET ADDRESS **1550 SAWGRASS CORP PKWY STE 370**
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE **D** ☒ Delete
 NAME **SINGERMAN, DAVID**
 STREET ADDRESS **1550 SAWGRASS CORP PKWY STE 370**
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE **SV** ☐ Delete
 NAME **PASTERNAK, CAROL R**
 STREET ADDRESS **1550 SAWGRASS CORP PKWY STE 370**
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: *Barry H. Pasternak*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 *954-835-0065*
 Date Daytime Phone #

CR2E034 (9/01)