

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90511 004 ***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
14000 N.W. 8th Street

3. Mailing Address
9715 W. Broward Blvd.
Suite, Apt. #, etc.
#219

City & State
Sunrise, Fla.
Zip
33328
Country
USA

City & State
Plantation, Fla.
Zip
33324
Country
USA

4. FEI Number 65-0778109

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME PASTERNAK, BARRY H	
STREET ADDRESS 1550 SAWGRASS CORP. PKWY STE. 370	
CITY-ST-ZIP SUNRISE FL 33323	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME FISCHLER, ABRAHAM S	
STREET ADDRESS 1550 SAWGRASS CORP PKWY STE 370	
CITY-ST-ZIP SUNRISE FL 33323	
TITLE SV	<input type="checkbox"/> Delete
NAME PASTERNAK, CAROL R	
STREET ADDRESS 1550 SAWGRASS CORP PKWY STE 370	
CITY-ST-ZIP SUNRISE FL 33323	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 9715 W. Broward Blvd. #219	
CITY-ST-ZIP Plantation, Fla. 33324	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 9715 W. Broward Blvd #219	
CITY-ST-ZIP Plantation, Fla. 33324	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)