

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075590

1. Entity Name

FLORIDA PHONE & DATA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90143 034 ***150.00

Principal Place of Business

7990 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

Mailing Address

10693 WILES ROAD
203
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

10693 Wiles Road

Suite, Apt. #, etc.

203

3. Mailing Address

10693 Wiles Road

Suite, Apt. #, etc.

203

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33076

Country

USA

Zip

33076

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0777421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, ADA Z
7990 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name Ada Pena

Street Address (P.O. Box Number is Not Applicable)
10693 Wiles Road

#203

City

Coral Springs

FL

Zip Code

33076

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, 2001 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 PD
NAME PENA, ADA Z
STREET ADDRESS 7990 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 10693 Wiles Road - Apt 203
CITY-ST-ZIP Coral Springs, FL 33076 ☒ Change ☐ Addition

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

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

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

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

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

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:

Ada Z Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 340-6200

CR2E034 (10/00)

0139655