

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90013 027 ***150.00

0351221

DOCUMENT # P97000090242

1. Entity Name

FL TEL COMMUNICATIONS INC.

Principal Place of Business

15608 FARNSWORTH LANE
TAMPA FL 33624

Mailing Address

15608 FARNSWORTH LANE
TAMPA FL 33624

Change address

2. Principal Place of Business

1216 Lake Charles CR

3. Mailing Address

P.O. Box 273153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Tampa FL

4. FEI Number

59-3474865

Applied For

Not Applicable

Zip

33549

Country

Hillishburgh

Zip

33688

Country

Hillishburgh

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETHARMIAN, FARROKH
15608 FARNSWORTH LANE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

EH TARA MEAN FARROKH

Street Address (P.O. Box Number is Not Acceptable)

1216 Lake Charles CR

City

Lutz

FL

Zip Code

33549

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 ☐ Delete
NAME D
STREET ADDRESS EHTARMIAN, FARROKH
CITY-ST-ZIP 15608 FARNSWORTH LANE 1216 Lake Charles CR
TAMPA FL 33624 Lutz, FL 33549

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FARROKH EHTARA MIAN 4/11/2001 813-948-6224

CR2E034 (10/00)