

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90101 038 \*\*\*150.00

**DOCUMENT # P98000057412**

1. Entity Name

**UNITED PAYPHONES OF AMERICA, INC.**

Principal Place of Business

7041 W. COMM BLVD  
 STE 6A  
 TAMARAC FL 33319  
 US

Mailing Address

7041 W. COMM BLVD  
 STE 6A  
 TAMARAC FL 33319  
 US

2. Principal Place of Business

**% PAUL SCHNEIDER CPA**

3. Mailing Address

**% PAUL SCHNEIDER CPA**

Suite, Apt. #, etc.

**7860 PETERS RD. F-110**

Suite, Apt. #, etc.

**7860 PETERS RD F-110**

City & State

**PLANTATION FL 4**

City & State

**PLANTATION FL**

Zip

**33324**

Country

**BROWARD**

Zip

**33324**

Country

**BROWARD**

4. FEI Number

**65-0858523**

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

MARCUS, ANDREW

**7041 W. COMMERCIAL BLVD % SCHNEIDER  
 STE 6A 7860 PETERS ROAD F-110  
 TAMARAC FL 33319 PLANTATION FL 33324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
 NAME **MARCUS, ANDREW**  
 STREET ADDRESS **7041 W. COMMERCIAL BLVD STE 6A**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition  
 NAME **13400 NW 6TH DR.**  
 STREET ADDRESS **PLANTATION FL 33325**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

**ANDREW MARCUS**  
**Director**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/25/01**

Daytime Phone #

**954-270-7722**

CR2E034 (10/00)