

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071894

1. Entity Name

ADEPTEL, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90085 040 \*\*\*150.00

Principal Place of Business

238 N. WESTMONTE DR., SUITE 107  
ALTAMONTE SPRINGS FL 32714

Mailing Address

238 N. WESTMONTE DR., SUITE 107  
ALTAMONTE SPRINGS FL 32714-3363

2. Principal Place of Business

Suite, Apt. #, etc.

# 101

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

# 101

City & State

Zip

Country

4. FEI Number

59-3534995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM F  
4770 BISCAYNE BLVD., SUITE 960  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

JUAN F. SIERRA

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

238 N. WESTMONTE DR. STE 100

ALTAMONTE SPRINGS

City

FL

Zip Code

32714

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

*Juan F. Sierra*

JUAN F. SIERRA PRESIDENT

3-20-00

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, 2000 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

SIERRA, JUAN  
1996 ALAQUA DR.  
LONGWOOD FL 32779

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

SIERRA, EUGENIE C  
1996 ALAQUA DR.  
LONGWOOD FL 32779

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ 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:

*Eugenie C. Sierra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENIE C. SIERRA

3/20/00

DATE

407-682-3022

Daytime Phone #

CR2E034 (9/99)