

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90042 016 ***158.75

DOCUMENT # P98000078831

1. Entity Name

ALTEL SYSTEMS GROUP, INC.

Principal Place of Business

Mailing Address

**3014 U.S. HIGHWAY 301 N., SUITE 800
 TAMPA FL 33619**

**601 N. MAIN STREET
 BREWSTER NY 10509**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3533504**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRYVER, M W CHAR
 481 8TH AVENUE SOUTH
 NAPLES FL 34102**

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 M. W. Schryver

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 Delete
 NAME **P NCAFFEE, GERARD**
 STREET ADDRESS **9453 WINDMERE LAKE DR., APT 304**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE Change Addition
 NAME **P NCAFFEE, GERARD**
 STREET ADDRESS **4619 SWORDFISH DRIVE**
 CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE Delete
 NAME **VP VITALE, BRUCE**
 STREET ADDRESS **18104 PRINCESS POINT CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S MUSCI, ANDREW**
 STREET ADDRESS **7 SHEPHERD'S WAY**
 CITY-ST-ZIP **NEW FAIRFIELD CT 06812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T CATTANEO, STEFAN**
 STREET ADDRESS **303 TAMARACK LN**
 CITY-ST-ZIP **BREWSTER NY 10509**

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 Musci
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, SCTY Date 1/11/01 Daytime Phone # 845/278-4400

CR2E034 (10/00)