2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # **P98000084449** X-PLOR TELECOMS, INC. 05-10-2000 90101 031 ***150.00 Principal Place of Business Mailing Address 1925 BRICKELL AVENUE 1925 BRICKELL AVENUE SUITE D206 SHITE D206 MIAMI FL 33129-2900 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4, FEI Number APPLIED FOR Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: · _--BESU, ROGER Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVENUE SUITE D206 **MIAMI FL 33129** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TIT1 F TITLE ABELA, MICHAEL C NAME STREET ADDRESS STREET ADDRESS 25 BRADFORD ESTATES CITY-ST-ZIP CITY-ST-ZIP **BEDFORDVIEW SOUTH AFRICA** ☐ Change ☐ Addition TITLE □ Delete TITLE COETSER, GARTH A NAME NAME STREET ADDRESS STREET ADDRESS 34 MONKOR DR RANDPACK RIDGE CITY-ST-ZIP CITY-ST-ZIP RANDBURG SOUTH AFRICA Change ☐ Delete TITLE TITLE MAPSTONE, ANTHONY R NAME NAME STREET ADDRESS STREET ADDRESS 30 LIDDESDALE GIBSON DR CITY-ST-7IP CITY-ST-ZIP **BUCCLEUCH SOUTH AFRICA** ☐ Change □ Addition Delete TITLE **HUDSON. SIMON** NAME STREET ADDRESS STREET ADDRESS 1 LAVENDER ROW DARLEY ABBEY CITY-ST-ZIP CITY-ST-ZIP DERBY ENGLAND DE 22- 1DE ☐ Change ☐ Addition TITLE ... Delete TITLE SHENNAN, CHRIS NAME NAME STREET ADDRESS STREET ADORESS PEARTREE COTTAGE 1 ALLINGTON RD CITY-ST-ZIP CITY-ST-ZIP SEDGEBROOK GRANTHAM LIN NG 3-2 EL ☐ Addition TITLE Change TITLE ☐ Delete SALMON, GRANT NAME NAME STREET ADDRESS **3 AALWYN CRESCENT** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ELDORAIGNE SOUTH AFRICA EXT3** 13. I hereby certify that the information supplied with this filling 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.