

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084449

1. Entity Name

X-PLOR TELECOMS, INC.

FILED

01 APR 30 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1925 BRICKELL AVENUE
SUITE D206
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVENUE
SUITE D206
MIAMI FL 33129

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 65-0976987

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

BESU, ROGER
1925 BRICKELL AVENUE
SUITE D206
MIAMI FL 33129

Name Raimundo Levi
Street Address (P.O. Box Number is Not Acceptable)
Lopez, Levi & Associates, LLC
815 NW 57th Ave, # 125
City Miami FL Zip Code 33126

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.

(NOT

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	D	<input type="checkbox"/> Delete
NAME	ABELA, MICHAEL C	
STREET ADDRESS	25 BRADFORD ESTATES	
CITY-ST-ZIP	BEDFORDVIEW SOUTH AFRICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	COETSER, GARTH A	
STREET ADDRESS	34 MONKOR DR RANDPACK RIDGE	
CITY-ST-ZIP	RANDBURG SOUTH AFRICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAPSTONE, ANTHONY R	
STREET ADDRESS	30 LIDDESDALE GIBSON DR	
CITY-ST-ZIP	BUCCLEUCH SOUTH AFRICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, SIMON	
STREET ADDRESS	1 LAVENDER ROW DARLEY ABBEY	
CITY-ST-ZIP	DERBY ENGLAND DE 22- 1DE	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHENNAN, CHRIS	
STREET ADDRESS	PEARTREE COTTAGE 1 ALLINGTON RD	
CITY-ST-ZIP	SEDGEBROOK GRANTHAM LIN NG 3-2 EL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALMON, GRANT	
STREET ADDRESS	3 AALWYN CRESCENT	
CITY-ST-ZIP	ELDORAIGNE SOUTH AFRICA EXT3	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400004274444-7
STREET ADDRESS	-05/21/01--01154--017
CITY-ST-ZIP	****650.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Garth A. Coetser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
Date

305-538-3228
Daytime Phone #

CR2E034 (10/00)