

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99-000064248**

1. Entity Name

INTERAMERICA TELEPHONE Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7110 NW 4TH AVE

Suite, Apt. #, etc.

3. Mailing Address

7110 NW 4TH AVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

4. FEI Number

65-0944336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional
Fee Required

7. Name and Address of Current Registered Agent

Philip Thomas

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

7110 NW 4TH AVE.

City

BOCA RATON

FL

33487

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)

X

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Thomas, Philip 7110 NW 4TH AVE BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 561-997-2463

Date

Dynamic Phone #

CR2E034B (12/01)