

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000074067****1. Entity Name**

TELECOMSMART.COM, INC.

**Principal Place of Business**

2610 N.E. 40TH ST.

FT. LAUDERDALE  
33308

FL

**Mailing Address**

2610 N.E. 40TH ST.

FT. LAUDERDALE  
33308

FL

**2. Principal Place of Business**

2400 E. COMMERCIAL BLVD

**3. Mailing Address**

2400 E. COMMERCIAL BLVD

**Suite, Apt. #, etc.**

#720

**Suite, Apt. #, etc.**

#720

**City & State**

FT. LAUDERDALE

FL

**City & State**

FT. LAUDERDALE

FL

Zip  
33308Country  
USZip  
33308Country  
US**4. FEI Number****65-0946055****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**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.PLANTATION  
33324

US

FL

**7. Name and Address of New Registered Agent****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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**01/05/2000**

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	<input type="checkbox"/> Delete
	MANSOUR MARK A	2610 N.E. 40TH ST.	FT. LAUDERDALE FL 33308	

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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**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:** Mark A. Mansour**FILED:** 01/05/2000