

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105118

1. Entity Name

GLOBAL TELECOM, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90057 046 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 30247
FORT LAUDERDALE FL 33303

P.O. BOX 30247
FORT LAUDERDALE FL 33303

2. Principal Place of Business

5 Pelican Isle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

Country

Zip

Country

4. FEL Number

88-0415931

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

LAVENDER, JOEL ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE FL 33316

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARSON, ROXANN	
STREET ADDRESS	P.O. BOX 30247	
CITY-ST-ZIP	FORT LAUDERDALE FL 33303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARSON, JAMES T	
STREET ADDRESS	P.O. BOX 30247	
CITY-ST-ZIP	FORT LAUDERDALE FL 33303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRISON, KEVIN JAMES T	
STREET ADDRESS	P.O. BOX 30247	
CITY-ST-ZIP	FORT LAUDERDALE FL 33303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
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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 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: Roxann Carson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00
Date

954-524-2989
Daytime Phone #

CR2E034 (9/99)