

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90044 009 ***150.00

DOCUMENT # S82391

1. Entity Name

TEL CON RESOURCES, INC.

Principal Place of Business

Mailing Address

2500 E. HALLANDALE BEACH BLVD.
~~400~~ **511-I**
 FL 33009-4840

2500 E. HALLANDALE BEACH BLVD.
 SUITE ~~400~~ **511-I**
 HALLANDALE FL 33009-4837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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)

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	P	<input type="checkbox"/> Delete
NAME	KANTOR, STANLEY	<input type="checkbox"/> Delete
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD	<input type="checkbox"/> Delete
CITY-ST-ZIP	HALLANDALE FL 33009-4837	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		<input type="checkbox"/> Delete

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

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stanley Kantor **STANLEY KANTOR - PRESIDENT** 2/16/00 - 954-486-1556