

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

DOCUMENT # SB 7031

1. Entity Name

Fibertel, INC.



FILED

03 JAN 31 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8300 NW 33 Street

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33122

Country

USA

3. Mailing Address

6 Technology Park Dr.

Suite, Apt. #, etc.

City & State

Westford, MA

Zip

01886

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

02-03

4. FEI Number

650288096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name CT Corporation System

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Connie Bryan Connie Bryan, Special Asst. Secy

1-31-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | President / Director |
| NAME | JAMES D. FOY |
| STREET ADDRESS | 6 Technology Park Drive |
| CITY-ST-ZIP | Westford, MA 01886 |
| TITLE | Vice President Finance / Director |
| NAME | MICHAEL J. PROVENZANO |
| STREET ADDRESS | 6 Technology Park Drive |
| CITY-ST-ZIP | Westford, MA 01886 |
| TITLE | Secretary |
| NAME | PAUL LUCCHESI |
| STREET ADDRESS | 6 Technology Park Drive |
| CITY-ST-ZIP | Westford, MA 01886 |
| TITLE | |
| NAME | |
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Provenzano VP Finance / Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

Date

978-950 0200

Daytime Phone #