

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V57517**

1. Entity Name

PAYPHONE CONSULTANTS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90166 001 ***300.00

Principal Place of Business

10501 NW 50TH ST
107
SUNRISE FL 33351
US

Mailing Address

10501 NW 50TH ST
107
SUNRISE FL 33351-8012
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0353325

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

BURKE, ANNA MAE WALSH
1750 E SUNRISE BLVD
3RD FLOOR
FT LAUDERDALE FL 33304

Name

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

2409 NE 37 ST
FORT LAUDERDALE, FL
City **FL** Zip Code **33308**

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

Anna Mae Walsh Burke **ANNA MAE WALSH Burke** **4/27/2000**
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 **D** ☒ Delete
NAME **MURRAY, JOHN J., III**
STREET ADDRESS **6436 NW 53RD ST**
CITY - ST - ZIP **LAUDERHILL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D, P** ☐ Delete
NAME **MURRAY, ARLENE**
STREET ADDRESS **10501 NW 50TH ST, SUITE 107**
CITY - ST - ZIP **SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6436 NW 53RD ST**
CITY - ST - ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

Arleene Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000
Date Daytime Phone #

CR2E034 (9/99)