

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90131 016 \*\*\*150.00

DOCUMENT # V61878

1. Entity Name  
ASSOCIATED TELEPHONE CONSULTANTS, INC

Principal Place of Business

12289 PEMBROKE RD. #199  
PEMBROKE PINES, FL 33025

Mailing Address

12289 PEMBROKE RD. #199  
PEMBROKE PINES, FL 33025

2. Principal Place of Business

12289 PEMBROKE ROAD  
Suite, Apt. #, etc. #199

3. Mailing Address

12289 PEMBROKE ROAD  
Suite, Apt. #, etc. #199

DO NOT WRITE IN THIS SPACE

City & State  
PEMBROKE PINES, FL

City & State  
PEMBROKE PINES, FL

4. FEI Number

65-0354470

Applied For

Not Applicable

Zip  
33025

Country

Zip  
33025

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, HENRY  
2180 SW 120 AVENUE  
MIRAMAR, FL 33025

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees. ☐ Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME PRESIDENT  
STREET ADDRESS GARCIA, HENRY  
CITY-ST-ZIP 2180 SW 120 AVENUE  
MIRAMAR, FL 33025

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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CITY-ST-ZIP

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 (954) 442-1002  
Date Daytime Phone #

CR2E034 (11/00)