

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003776 AF

DOCUMENT # **A00000001128**

1. Entity Name

**SELECT COMMUNICATIONS LIMITED PARTNERSHIP**

FILED  
01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>100 S. BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131</b>	Mailing Address <b>100 S. BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROSENTHAL, KERRY E  
2875 N.E. 191 STREET, SUITE 500  
AVENTURA FL 33180**

**7. Name and Address of New Registered Agent**

Name **Jerome Hollo**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S. Biscayne Blvd., #1100**  
City **Miami** FL Zip Code **33131**

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]* **Jerome Hollo** DATE **4/20/01**

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P99000037002</b>
NAME	<b>TELEGATE, INC.</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD., SUITE 1100</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED TIBOR HOLLO** DATE **4/20/01** DAYTIME PHONE # **305/358-7710**

CR2E003 (11/00)