

2000 UNIFORM BUSINESS REPORT (UBR)

0004247 AF

DOCUMENT # L99000006164
 1. Entity Name
ABR INFOCOM, LLC

FILED
00 MAR 13 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~8899 LAKE DRIVE #1506~~ ~~8332 LAKE DRIVE #1506~~
~~MIAMI FL 33166~~ ~~MIAMI FL 33166 7761~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
36 N.E. 2nd Street **Post Office Box 524563**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100
 City & State City & State
Miami, Florida **Miami, Florida**
 Zip Country Zip Country
33132 **USA** **33152-4563** **USA**

4. FEI Number Applied For
65-0953294 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FL
MIAMI FL 33131
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEALANDERS INC 8899 LAKE DRIVE #1506 MIAMI FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEALANDERS INC P.O. Box 524563 MIAMI, FL 33152 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2000031839 Change - Addition -03/24/00--01098--020 *****55.00 *****55.00 |
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **RE REQUIRED** **Sealanders, Inc.** 03/07/00 786-425-1737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)