

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006162**

FILED

1. Entity Name

**ABR INFOCOM, LLC**

01 MAY -1 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address →  
**36 N.E. 2ND STREET, SUITE 100 MIAMI, FL 33132**      **P.O. BOX 524563 MIAMI, FL 33152**

2. Principal Place of Business      3. Mailing Address  
**155 SOUTH MIAMI AVE**      **155 SOUTH MIAMI AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**PH II-D**      **PH II-D**

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0953294**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE       Delete  
NAME      **MGRM**  
STREET ADDRESS      **SEALANDERS, INC.**  
CITY-ST-ZIP      **P.O. BOX 524563 MIAMI, FL 33152**

TITLE       Change       Addition  
NAME      **MGRM**  
STREET ADDRESS      **SEALANDERS, INC.**  
CITY-ST-ZIP      **1550 BRICKELL AVENUE, APT. A203 MIAMI, FL 33129**

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      **700004274387**  
CITY-ST-ZIP      **-05/21/01--01152--020**  
   **\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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

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:       **APRIL 30, 2001**      **786-425-1737**

CR2E083 (11/00)