

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *M00000002344*

FILED

01 MAY -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

CAC FIBER OF FLORIDA, LLC

Principal Place of Business

Mailing Address

*8275 EL RIO, STE 110
HOUSTON TX 77054*

*8275 EL RIO, STE 110
HOUSTON TX 77054*

2. Principal Place of Business

8275 EL RIO

3. Mailing Address

8275 EL RIO

Suite, Apt. #, etc.

STE 110

Suite, Apt. #, etc.

STE 110

City & State

HOUSTON, TX

City & State

HOUSTON, TX

4. FEI Number

76-0660433

Applied For

Not Applicable

Zip

77054

Country

Zip

77054

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*CORPORATION SERVICE
COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525*

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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/01

713-440-4113

Date

Daytime Phone #

CR2E083 (11/00)