## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**)

DOCUMENT # 1. Entity Name

**ULTRACOM INC.** 

Principal Place of Business

P97000002466

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9440 FONTAINEBLEAU BLVD #410
MIAMI FL 33172-5558

2. Principal Place of Business

=NASSER-NAGIB-----

MIAMI FL 33172-5558

9440 FONTAINEBLEAU BLVD #410

Mailing Address

9440 FONTAINEBLEAU BLVD #410

MIAMI FL 33172-5558

3. Mailing Address

## Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90451 033 \*\*\*158.75

11001918



☐ CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number 65-0716952

Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

City

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST ☐ Addition TITLE Delete TITLE NAME NASSER, NAGIB NAME 9440 FONTAINEBLEAU BLVD #410 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

04/19/03 - Nagib Nasser -

Daytime Phone #