

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91605 003 ***150.00

12023181
 5B
 AV

DOCUMENT # 683277
 Entity Name
RADIO COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
740 ALTON ROAD **740 ALTON ROAD**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**
US **US**



2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE *SAME AS ABOVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2060780 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROTH, ANDREW
740 ALTON ROAD
MIAMI BEACH FL 33139

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 *Andrew Roth* **ANDREW ROTH** **4-15-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHUARTSMAN, BORIS	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTH, ANDREW	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARUCH, YEHUDA	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	BM	<input type="checkbox"/> Delete
NAME	ZILBERBURG, SEMYON	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	BM	<input type="checkbox"/> Delete
NAME	PAPISMEDOV, ALEX	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	BM	<input type="checkbox"/> Delete
NAME	DUBLINSKI, LEON	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN JOMBERG	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	M.B. FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Boris Shvartsman* **BORIS SHVARTSMAN** **4-15-02** **305-534-0694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)