## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

**Secretary of State** DOCUMENT # F0000001646 1. Entity Name 05-09-2001 90004 010 \*\*\*150.00 SG FIBER CO. Mailing Address Principal Place of Business 1550 SAWGRASS CORP. PARKWAY, SUTE 370 1550 SAWGRÁSS CORP. PARKWAY, SLITE 370 48736 SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For <del>PPLIED FOR</del> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent < PASTERNAK, BARRY H Street Address (P.O. Box Number is Not Acceptable) 1550 SAWGRASS CORP. PARKWAY, SUTE 370 SUNRISE FL 33323 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ≠: Delete TITLE ☐ Change ΠħF PASTERNAK, BARRY H NAME NAME STREET ADDRESS 1550 SAWGRASS CORP. PARKWAY, SUTE 370 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 ☐ Addition TITLE 3JTT PASTERNAK, CAROL R NAME NAME STREET ADDRESS STREET ADDRESS 1550 SAWGRASS CORP. PARKWAY, SUTE 370 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 me Delete TITLE NAME. NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleta Change ΠΠF TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP me ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 697. Florida Statutes; and that my name appears in Block 11 or Block 12 il changed, or on an attachment with an address

FILED Jun 15, 2001 8:00 am



## **Internal Revenue Service**

Accounts Management Division I Branch II - Teletin Unit Stop 751 PO Box 47421 Chambiee, GA 30362 Phone 678-530-7234/7235 FAX 678-530-6156

Date: June 7, 2001

Employee Identification: 0716933154

TO:	BARRY PASTERNAK	FAX:	954-835-0064
FROM;	Accounts Management Division I Teletin Unit	Pages:	1
		/ ***	
Company Name	SG FIBER CO	Employer ID #	65-1110177
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID#	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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