

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003940

1. Entity Name
SUNGLOBE FIBER SYSTEMS CORPORATION

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90066 023 ***150.00

Principal Place of Business Mailing Address
1550 SAWGRASS CORPORATE PKWY., SUITE 370 **1550 SAWGRASS CORPORATE PKWY., SUITE 370**
SUNRISE FL 33323 **SUNRISE FL 33323**

961778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 88-0182534		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PASTERNAK, BARRY H 1550 SAWGRASS CORPORATE PKWY., SUITE 370 SUNRISE FL 33323		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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PASTERNAK, BARRY H 1550 SAWGRASS CORPORATE PKWY., SUITE 370 SUNRISE FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Pasternak, Barry H. Same as in #11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTERNAK, CAROL 1550 SAWGRASS CORPORATE PKWY., SUITE 370 SUNRISE FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Pasternak, Carol Same as in #11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Marshall 1550 Sawgrass Corp. Pkwy. Suite 370 Sunrise, Fla. 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricardo de Bastos 1550 Sawgrass Corp. Pkwy. Suite 370. Sunrise, Fla. 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abraham S. Fischler 1550 Sawgrass Corp. Pkwy, Suite 370 Sunrise, Fla. 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel Singerman 1550 Sawgrass Corp. Pkwy, Suite 370 Sunrise, Fla. 33323

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: *Carol Pasternak* **4/16/01** **954-835-2173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)