

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03098

1. Entity Name

STATOM CORPORATION

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90096 001 ***158.75

Principal Place of Business

Mailing Address

11575 QUAIL ROOST DRIVE
MIAMI FL 33157
US

P.O. BOX 924871
PRINCETON FL 33092-4871

C0043300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number

59-2406098

Applied For

Not Applicable

Zip

Country

Zip

Country

33177-0001

Dade

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORIN, THOMAS
3300 NE 191ST STREET
AVENTURA FL 33180

Name

Borin Thomas

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

6051 N. Ocean Dr. #502

Hollywood FL 33019

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BORIN, THOMAS	
STREET ADDRESS	3300 NE 191ST STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BORIN, SARA	
STREET ADDRESS	3300 NE 191ST STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borin Thomas	
STREET ADDRESS	6051 N. Ocean Dr. #502	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borin Sara	
STREET ADDRESS	6051 N. Ocean Dr. #502	
CITY-ST-ZIP	Hollywood FL 33019	
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		

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:

Thomas Borin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

305 234 4013

Date

Daytime Phone #

CR2E034 (9/99)