

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90041 004 \*\*\*150.00

**DOCUMENT # M60131**

1. Entity Name

**CITY COMMUNICATIONS CORPORATION**

Principal Place of Business

Mailing Address

2525 S.W. 3RD AVENUE  
 SUITE 411  
 MIAMI FL 33129-9043

2525 S.W. 3RD AVENUE  
 SUITE 411  
 MIAMI FL 33129-2059

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0005489**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUM, SAMUEL SPENCER**  
**2951 SOUTH BAYSHORE DR.**  
**SUITE 811**  
**COCONUT GROVE FL 33133**

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>COWEN, STEVEN PATRICK</b> <input type="checkbox"/> Delete <i>NAME CHANGE</i> <b>2810 CRYSTAL COURT</b> <b>COCONUT GROVE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mr COWAN, STEVEN PATRICK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL-COWEN, SANDRA</b> <input type="checkbox"/> Delete <i>NAME CHANGE</i> <b>2810 CRYSTAL COURT</b> <b>COCONUT GROVE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>McCOWAN, SANDRA Hill -</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 609, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

*Steven Patrick Cowan*  
 STEVEN PATRICK COWAN

4/4/00  
 Date

305-888-7229  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)