

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90009 006 ***150.00

DOCUMENT # P00000001490

1. Entity Name
AFX COMMUNICATIONS, INC.

Principal Place of Business
**6625 HWY. 53 EAST, SUITE 410-125
DAWSONVILLE GA 30534**

Mailing Address
**P.O. BOX 970-566
BOCA RATON FL 33428**

2. Principal Place of Business
1191 E Newport Center Dr

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
P4B

Suite, Apt. #, etc.

City & State
Deerfield Beach FL

City & State

Zip
33442

Country
US

Zip

Country

4. FEI Number
58-2510407

Applied For
☐ Not Applicable

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

**WEINBERG, DANIEL J. CPA
1191 E NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH FL 33442**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLIGRINELLI, DAVID J 6625 HWY. 53 EAST, SUITE 410-125 DAWSONVILLE GA 30534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLIGRINELLI, DAVID A 1191 E NEWPORT CENTER DR DEERFIELD BEACH FL 33442	<input 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 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: **SIGNATURE REQUIRED** *Daniel Pelligrinelli* *2/25/02* *406-587-0457*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)