

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010189

1. Entity Name
NATIONS COMMUNICATION, INC.

Principal Place of Business
12031 SW 177 TERR
MIAMI, FL 33177

Mailing Address
12031 SW 177 TERR
MIAMI, FL 33177

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1077756

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY R. MONTANER
12031 SW 177 TERR
MIAMI, FL 33177

7. Name and Address of New Registered Agent

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, 2001 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

TITLE D/P Delete
NAME ANTHONY R. MONTANER
STREET ADDRESS 12031 SW 177 TERR
CITY-ST-ZIP MIAMI, FL 33177

TITLE D/VP Delete
NAME SHARON MONTANER
STREET ADDRESS 12031 SW 177 TERR
CITY-ST-ZIP MIAMI, FL 33177

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
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 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Daytime Phone #

Date

FLORIDA