## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000010189

1. Entity Name NATIONS COMMUNICATION, INC.



## FILED May 23, 2003 8:00 am Secretary of State

05-23-2003 90146 048 \*\*\*150.00

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			3. Mailing Address				L IBBLIBER ALL COCH OBAHL CERAL OB	EU    DE       U	i 86191 (1661 l	11116 1111 1661	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					IF.MAKING.	CHANGES.		
City & State			City & State				FEI Number 65-1077756			oplied For	
Zip	Country Zip Country			Count	iry	5.	Certificate of Status Desired		8.75 Add	ditional	
6. N	Registere	gistered Agent			7.	7. Name and Address of New Registered Agent					
					Name						
MONTANER, ANTHONY			Street Ade			trace (P.O.	ss (P.O. Box Number is Not Acceptable)				
12031 SW 177 TERR			Sheet Address				Box Number is Not Acceptable	·) 			
MIAMI FL 33177											
						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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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FILE-NOW!!!-FEE-IS-\$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State			<u></u>				9 Efection Gampaign Fir Trust Fund Contributio	~ —		May Be	
10. OFFICERS AND			<u></u>			A	DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
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	NER, ANTHONY		boloc	NAME	1						
STREET ADDRESS 12031 SW 177TH TERRACE					STREET ADDRESS		**				
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	NER, SHARON			NAME							
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	at the information available with	thin files	does not such to			lin Continu	119.07(3)(i), Florida Statutes.	I for the area and		aform at :==	
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2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE



llay:

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