

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90057 017 ***150.00

0270667

DOCUMENT # P00000019853
 1. Entity Name
SOUTH ATLANTIC FIBRE CORP.

Principal Place of Business Mailing Address
~~2005 ISLAND CIRCLE~~ ~~2005 ISLAND CIRCLE~~
~~WESTON FL~~ ~~WESTON FL~~

2. Principal Place of Business 3. Mailing Address
1224 CANARY ISLAND DRIVE **1224 CANARY ISLAND DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WESTON, FL 33327 **WESTON, FL 33327**
 Zip Country Zip Country

4. FEI Number Applied For
65-0986299 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
RUBINCHIK, HARVEY L
1776 N. PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33322

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 _____ (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	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, LEO	
STREET ADDRESS	2005 ISLAND CIRCLE	
CITY-ST-ZIP	WESTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, IRIS	
STREET ADDRESS	2005 ISLAND CIRCLE	
CITY-ST-ZIP	WESTON FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1224 CANARY ISLAND DRIVE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1224 CANARY ISLAND DRIVE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *IRIS E. FINKELSTEIN* SEC/TREAS 4/23/01 (954) 384-9136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)