

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90252 046 ***150.00

DOCUMENT # P00000019853

1. Entity Name
SOUTH ATLANTIC FIBRE CORP.

Principal Place of Business **Mailing Address**
~~1224 CANARY ISLAND DRIVE~~ **1967 Pisces TER** ~~1224 CANARY ISLAND DRIVE~~ **1967 Pisces TER**
 WESTON FL 33327 WESTON FL 33327

361154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1967 Pisces TER **1967 Pisces TER.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **65-0986299** **Applied For**
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**
 Not Applicable

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
RUBINCHIK, HARVEY L **Name**
1776 N. PINE ISLAND ROAD **Street Address (P.O. Box Number is Not Acceptable)**
SUITE 118 **1860 N. PIPE ISLAND RD.**
PLANTATION FL 33322 **SUITE 103**
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** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, LEO	NAME	1967 Pisces TER.
STREET ADDRESS	1224 CANARY ISLAND DRIVE 1967 Pisces TER.	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, IRIS	NAME	1967 Pisces TER.
STREET ADDRESS	1224 CANARY ISLAND DRIVE 1967 Pisces TER.	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Leo E. Finkelstein* **4/29/02** **(954) 384-9136**
 _____ **Date** **Daytime Phone #**
IRIS E. FINKELSTEIN

0238620 AV

CR2E034 (9/01)