

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90164 042 ***150.00

DOCUMENT # P00000029377

1. Entity Name

MOHAWK COMMUNICATIONS GROUP, INC.

Principal Place of Business

**1804 ACME STREET
 ORLANDO, FL 32805**

Mailing Address

**1804 ACME STREET
 ORLANDO, FL 32805**

2. Principal Place of Business

1804 ACME STREET

3. Mailing Address

1804 ACME STREET

Suite, Apt. #, etc.

ORLANDO, FL

Suite, Apt. #, etc.

ORLANDO, FL

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32805

Country

Zip

32805

Country

4. FEI Number

65-0990332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0051159

6. Name and Address of Current Registered Agent

**PAUL S. PEFLEY III
 2501 BRISTOL DRIVE SUITE 3-A
 WEST PALM BEACH, FL 33409**

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** ☐ Delete
 NAME **PAUL S. PEFLEY III**
 STREET ADDRESS **2501 BRISTOL DR 3-A**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **D** ☐ Delete
 NAME **JOHN BRAY**
 STREET ADDRESS **9769 SEBLEY CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** ☐ Delete
 NAME **JOSE VALADEZ**
 STREET ADDRESS **810 THE SPUR**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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 like empowered.

SIGNATURE:

Jose D. Valadez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01 407 648 2255

CR2E034 (1/00)