

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90658 030 ***150.00

A0038271

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name P00000066173 ✓ <div style="text-align: center; font-size: 1.2em;">DOT KOM INC</div>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 720 NE 69TH ST Suite, Apt. #, etc. APT 23-S City & State MIAMI, FL Zip 33138		3. Mailing Address 720 NE 69TH ST Suite, Apt. #, etc. APT 23-S City & State MIAMI, FL Zip 33138	
4. FEI Number 36-4379040		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ARNOLD KOM 720 NE 69TH ST, APT 23-S MIAMI, FL 33138	
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 <i>Arnold W. Kom Pres.</i> DATE <i>March 22, 2001</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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: <i>Arnold W. Kom</i> ARNOLD KOM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>March 22, 2001</i> DAYTIME PHONE #: <i>305-759-6497</i>	

CR2E034 (11/00)