

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90056 031 ***150.00

DOCUMENT # P00000081208

1. Entity Name

CONFERENCE COMMUNICATIONS, INC.

Principal Place of Business

**10651 NW 44 STREET
CORAL SPRINGS FL 3065**

Mailing Address

**10651 NW 44 STREET
CORAL SPRINGS FL 3065**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1040558

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AMBROSE, MICHEL
10651 NW 44 STREET
CORAL SPRINGS FL 3065**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	106 FORREST DRIVE	FOUNTAIN INN SC 29644	<input type="checkbox"/>
		8582 NW 125 TH PI.		
		CORAL SPRINGS, FL 33065		
TITLE	VSTD			<input type="checkbox"/>
NAME	D'AMBROSE, MICHEL			
STREET ADDRESS	10651 NW 44 STREET			
CITY-ST-ZIP	CORAL SPRINGS FL 3065			
TITLE	VP			<input type="checkbox"/>
NAME	Michael Wight			
STREET ADDRESS	6130 LEROUX Rd.			
CITY-ST-ZIP	NEWPORT, MI 48166			
TITLE				<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-01 954-214-8985

CR2E034 (10/00)