

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90336 005 ***150.00

DOCUMENT # P02000097326

1. Entity Name

Communications Analysis Group Inc.



2. Principal Place of Business
17350 South Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address
17350 South Dixie Highway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number 06-1646883

Applied For
Not Applicable

Zip
33157

Country
USA

Zip
33157

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name - Michael Carter

Street Address (P.O. Box Number Is Not Acceptable)

6300 Sedgewyck Circle West

City Davie Florida

Zip Code
33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Carter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/03

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD Michael Carter
NAME
STREET ADDRESS 6300 Sedgewyck Circle west
CITY-ST-ZIP Davie Florida 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD Joan M. Daley
NAME
STREET ADDRESS 20351 SW 117TH Court
CITY-ST-ZIP Miami Florida 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD Goumah Bass
NAME
STREET ADDRESS 15541 SW 112TH Drive
CITY-ST-ZIP Miami Florida 33196

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered

Michael Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

Daytime Phone #