

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054082

1. Entity Name

NOBLECOM INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90162 031 \*\*\*150.00

Principal Place of Business

Mailing Address

1130 WASHINGTON AVENUE, 5TH FLOOR  
MIAMI BEACH FL 33139

1130 WASHINGTON AVENUE, 5TH FLOOR  
MIAMI BEACH FL 33139-4600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0516317

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

COMBS, J.F.  
1130 WASHINGTON AVE 5TH FLOOR  
501 BRICKELL KEY DRIVE  
MIAMI BEACH FL 33139

Name

COMBS, J.F.

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

1130 Washington Ave, 5th Floor

City

Miami Beach

FL

Zip

33139

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

4-5-2000

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, 2000 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 D ☐ Delete  
NAME COMBS, JEFFREY F  
STREET ADDRESS 1130 WASHINGTON AVENUE, 5TH FLOOR  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D ☐ Delete  
NAME MCAULIFFE, PAUL  
STREET ADDRESS FIRST BOSTON, PARK AVENUE PLAZA  
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ Delete  
NAME DORAN, WILLIAM  
STREET ADDRESS 1221 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE C ☐ Delete  
NAME COMBS, JAMES F  
STREET ADDRESS 301 OCEAN DR, 402  
CITY-ST-ZIP MIAMI BCH FL 33139

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

3056048900

Daytime Phone #

CR2E034 (9/99)