

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90045 039 \*\*\*150.00

**DOCUMENT # P94000054082**

1. Entity Name

**NOBLECOM INC.**

Principal Place of Business

**1130 WASHINGTON AVENUE, 5TH FLOOR  
MIAMI BEACH FL 33139**

Mailing Address

**1130 WASHINGTON AVENUE, 5TH FLOOR  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**312 OCEAN DRIVE**

3. Mailing Address

**312 OCEAN DRIVE**

Suite, Apt. #, etc.

**SUITE 5**

Suite, Apt. #, etc.

**SUITE 5**

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH FL**

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMBS, J.F.**

**1130 WASHINGTON AVE 5TH FLOOR**

**MIAMI BEACH FL 33139**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COMBS, JEFFREY F</b>	
STREET ADDRESS	<b>1130 WASHINGTON AVENUE, 5TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCAULIFFE, PAUL</b>	
STREET ADDRESS	<b>FIRST BOSTON, PARK AVENUE PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DORAN, WILLIAM</b>	
STREET ADDRESS	<b>1221 AVE. OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>COMBS, JAMES F</b>	
STREET ADDRESS	<b>301 OCEAN DR, 402</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)