

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 22, 2000 8:00 am**  
**Secretary of State**

06-22-2000 90001 014 \*\*\*150.00

**DOCUMENT # P94000058940**

1. Entity Name

**DELTACOM CORPORATION**

Principal Place of Business

Mailing Address

999 SOUTH BAYSHORE DR  
#1809  
MIAMI FL 3313125 SE 2ND AVENUE #201  
STE 410  
MIAMI FL 33131-1508

2. Principal Place of Business

**1031 IVES DAIRY Rd.**

3. Mailing Address

**2040 NE 163RD ST.**

Suite, Apt. #, etc.

**228**

Suite, Apt. #, etc.

**201 C**

City &amp; State

**NORTH MIAMI BEACH, FL**

City &amp; State

**NORTH MIAMI BEACH, FL**

Zip

**33179**

Country

Zip

**33162**

Country

4. FEI Number

**65-0510898**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RIBEIRO, MARCO A****999 SOUTH BAYSHORE DR****#1809****MIAMI FL 33131**

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

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, 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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**RIBEIRO, MARCO A**  
**RUA FERNANDO COSTA 177**  
**CAMPINAS SAO PAULO BRAZIL 13015-020**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

04-10-2000 x 305-945-7882