## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## RILED Jul 07, 2000 8:00 am DOCUMENT # P95000061257 **Secretary of State** 1. Entity Name CONTROL COMMUNICATIONS INC. 07-07-2000 90459 046 \*\*\*150.00 Principal Place of Business Mailing Address 3701 SW 47 AVENUE 3701 SW 47 AVENUE SUITE 105 SUITE 105 DAVIE FL 33314-2830 DAVIE FL 33314 US 3. Mailing Address Principal Place of Business acienda Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI|Number 65-0602414 Not 4. ..... \$8.75 Additional Country .Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, SIGILFREDO JR Street Address (P.O. Box Number is Not Acceptable) 10101 SW 53 COURT COOPER CITY FL 33328 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITI F TITLE ☐ Delete RODRIGUEZ, SIGILFREDO JR ---NAME NAME STREET ADDRESS 10101 SW 53 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 \_ · · · · · ☐ Change TITLE ☐ Delete TITLE RODRIGUEZ, SIGILFREDO SR. NAME NAME STREET ADDRESS 5307 SW 120 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33330 Delete Change TITLE TITLE Tres RODRIGUEZ, JULIEM NAME NAME 10101 SW 53 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 \_ · · · · ☐ Change Delete TITLE TITLE MARSHALL, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 2646 MILLER CT CITY-ST-7IP WESTON FL 33332 CITY-ST-ZIP Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Chistee 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 a laddress with all other like empowered.

Attachment DH P95000051 DUUGTSUS

## Control Communication Inc.

3650 Hacienda Blvd, Ste A, B, C. Davie Florida 33314

June 22, 2000

P.O. Box 1500 Tallahassee, FI 32302-1500

Dear Sir or Madam:

Per our conversation on June 7<sup>th</sup> I stated that we did not have an accounts payable clerk at the time that this Uniform Business Report was due. The person taken care of this matter had a brain hem ridge so we were not aware that this matter was due. When I spoke to Andrew he advised me that just go ahead and pay the \$150:00 and enclose a letter stating what happened. On behalf of Service—Specialists, Inc. I thank you and your company for the understanding that you have shown us.

Sincerely,

Nicole Farve Accounts Payable