

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000061257**1. Entity Name
CONTROL COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
3650 HACIENDA BLVD	3701 SW 47 AVENUE
STE A	SUITE 105
DAVIE	DAVIE
33314 US FL	33314 US FL

2. Principal Place of Business
3. Mailing Address
3650 HACIENDA BLVD.Suite, Apt. #, etc.
Suite, Apt. #, etc.
SUITE ACity & State
City & State
DAVIE FLZip Country
Zip Country
33314 US4. FEI Number
65-0602414
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RODRIGUEZ SIGILFREDO JR**
10101 SW 53 COURT**COOPER CITY** FL
33328 US**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 **SIGILFREDO RODRIGUEZ, JR.****04/12/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	MARSHALL LINDA	
STREET ADDRESS	2646 MILLER CT	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ JULIEM	
STREET ADDRESS	10101 SW 53 CT.	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ SIGILFREDO SR.	
STREET ADDRESS	5307 SW 120 AVE.	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ SIGILFREDO JR	
STREET ADDRESS	10101 SW 53 COURT	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGILFREDO RODRIGUEZ, JR.**PRES****04/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)