

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90085 040 ***150.00

DOCUMENT # P96000028177

1. Entity Name

ALL COMMUNICATION RENTALS, INC.

Principal Place of Business

Mailing Address

**2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A
POMPANO BEACH FL 33073**

**2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A
POMPANO BEACH FL 33073-3081**

2. Principal Place of Business

1402 S.W. 13 Ct.

3. Mailing Address

1402 S.W. 13 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Fl.

City & State

Pompano Beaxh, Fl.

4. FEI Number

65-0701436

Applied For

Not Applicable

Zip
33069

Country
USA

Zip
33069

Country
USA

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

**TRIBUCH, KENNETH H ESQ.
2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A
POMPANO BEACH FL 33073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JAMISON, LOIS**
STREET ADDRESS **2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

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

TITLE **D** ☐ Delete
NAME **SELESNICK, LOUIS**
STREET ADDRESS **2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lois Jamison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-00

Daytime Phone #

954-788-9555