2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043151

1. Entity Name

MCNAMARA COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
9865 SW 111TH TERRACE MIAMI FL 33176	9865 SW 111TH TERRACE MIAMI FL 33176-2874

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number **65-0663507** — Applied For / Not Appli...
Zip — Country	Zip — Country	**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

MCNAMARA, PETER
9865 SW 111TH TERRACE
MIAMI FL 33176

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** NAME **MCNAMARA, PETER** STREET ADDRESS **9865 SW 111TH TERRACE** CITY-ST-ZIP **MIAMI FL 33176**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
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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 directo 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ Pete McNamara   1/27/00   305-271-13...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #