

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90034 049 ***150.00

DOCUMENT # P96000087085

1. Entity Name

SAMCOR COMMUNICATIONS COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 PONCE DE LEON BLVD. 2100 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

1201

3. Mailing Address

Suite, Apt. #, etc.

1201

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, Fl. 33134

Zip

33134

Country

USA

City & State

Coral Gables, Fl. 33134

Zip

33134

Country

USA

4. FEI Number

65-0713677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Catlin H. James Jr.

Street Address (P.O. Box Number is Not Acceptable)

1700 Alfred I. Dupont Bldg 160 East Flagler St

City

Miami, FL

Zip Code

33131

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

President

Cori Z. Rice

2100 Ponce De Leon Blvd. Ste 1201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Coral Gables, Fl. 33134

TITLE
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STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)