

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096391

1. Entity Name

STARTCOMM CORP.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90045 030 ***158.75

Principal Place of Business

241 SEVILLA AVE
SUITE 805

Mailing Address

241 SEVILLA AVE.
SUITE 805

CORAL GABLES, FL 33134 CORAL GABLES, FL. 33134

2. Principal Place of Business

100 N BISCAYNE BLVD.

3. Mailing Address

100 N. BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 2500

Suite, Apt. #, etc.

SUITE 2500

City & State

MIAMI, FL

City & State

MIAMI, FL.

4. FEI Number

65-0713268

Applied For

Not Applicable

Zip

33132

Country

U.S.A.

Zip

33132

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F. JR.
241 SEVILLA AVE
SUITE 805
CORAL GABLES, FL. 33134

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

Signature (Typed or Printed Name of Registered Agent and Title, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME TARRAU, MIGUEL
STREET ADDRESS 241 SEVILLA AVE., STE 805
CITY-ST-ZIP CORAL GABLES, FL. 33134

☒ Delete

TITLE PSD
NAME TARRAU, GABRIEL
STREET ADDRESS 241 SEVILLA AVE., STE 805
CITY-ST-ZIP CORAL GABLES, FL 33134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARY STUKES
STREET ADDRESS 100 N. BISCAYNE BLVD., SUITE 2500
CITY-ST-ZIP MIAMI, FL. 33132

☐ Change ☒ Addition

TITLE D, S
NAME JAMES COONEY
STREET ADDRESS 100 N. BISCAYNE BLVD., SUITE 2500
CITY-ST-ZIP MIAMI, FL. 33132

☐ Change ☒ Addition

TITLE TD
NAME DAVID WALSH
STREET ADDRESS 100 N. BISCAYNE BLVD., SUITE 2500
CITY-ST-ZIP MIAMI, FL. 33132

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/2000