## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P97000005277** May 01, 2000 8:00 am 1. Entity Name RAPID COMMUNICATIONS, INC. Secretary of State 05-01-2000 90063 010 \*\*\*150.00 Mailing Address Principal Place of Business 8500 SW 92 STREET 8500 SW 92 STREET SUITE 106 SUITE 106 MIAMI FL 33156-7379 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0737442 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLLER, PHILIP L Street Address (P.O. Box Number is Not Acceptable) 8500 SW 92 STREET SUITE 106 MIAMI FL 33156 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change D ☐ Delete TITLE TITLE COLLER, PHILIP L NAME STREET ADDRESS STREET ADDRESS 8500 SW 92 STREET, SUITE 106 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Change Addition ☐ Delete TITLE COLLER, JOSHUA A. NAME NAME STREET ADDRESS STREET ADDRESS 8500 SW 92 STREET, SUITE 106 CITY-ST-7/P CITY-ST-ZIP MIAM! FL 33156 Change -Addition \*Delete TITI F VPD ~ NAME COLLER, JOSEPH L. NAME STREET ADDRESS STREET ADDRESS 8500 SW 92 ST, STE 106 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Change Addition ☐ Delete TITLE TITLE COLLER, PHILIP L. NAME NAME STREET ADDRESS STREET ADDRESS 8500 SW 92 STREET, STE 106 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify to 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 accorded and management 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 receive the exemption of the corporation or the receiver or trustee empowered to receive the exemption of the corporation of the receiver or trustee empowered to receive the report of the corporation of the receiver or trustee empowered to receive the report of the corporation of the receiver or trustee empowered to receive the receiver of the r ver or trustee empowered to changed, or on an attachment with a