

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # **P97000010576**

1. Entity Name

**FREE COMMUNICATIONS, INC.**

**FILED**

**00 MAY 23 PM 12:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**245 SE. 1<sup>st</sup> St. #415  
Miami, FL 33131**

**SAME**

2. Principal Place of Business

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**99-00 UBR**

**65-0733371**

4. FEI Number

Applied For

Not Applicable

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

**Gustavo M. Sofovich  
245 SE 1<sup>st</sup> St. #415  
Miami, FL 33131**

Name

**SAME**

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]*

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 **PD.**  
NAME **SOFOVICH, GUSTAVO M.**  
STREET ADDRESS **245 SE. 1<sup>st</sup> St. #415**  
CITY-ST-ZIP **MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**400003273924-1  
-05/01/00--01077--006  
\*\*\*\*300.00 \*\*\*\*300.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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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]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

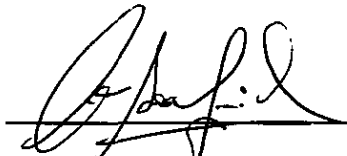
Expiring Date

2062

Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **FREE COMMUNICATIONS, INC.** Thank you for your courtesy in this matter.



**GUSTAVO M SOFOVICH**  
**President**