

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033153

1. Entity Name

COMMUNICATIONS HARDWARE INTERNATIONAL, INC.

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90011 024 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1971 NW 98 TERRACE APT. M~~  
~~PEMBROKE PINES FL 33024~~

P O BOX 245398  
PEMBROKE PINES FL 33024

2. Principal Place of Business

2031 NW 98 TR.

3. Mailing Address

P.O. Box 245398

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

Country

33024

Zip

33024

Country

4. FEI Number

65-0771604

Applied For

Not Applicable

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

BRAZIL, MARCIA

1971 NW 98 TERRACE APT. M  
PEMBROKE PINES FL 33024

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

*M. Brazil* MARCIA BRAZIL, PRESIDENT

4/23/01

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, 2001 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 BRAZIL, MARCIA  
STREET ADDRESS 1971 NW 98 TERRACE APT. M  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE D  
NAME BRAZIL, MARCIA  
STREET ADDRESS 2031 NW 98 TR.  
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

*M. Brazil* MARCIA BRAZIL

4/23/01

954-431-1024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)