2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # **P97000043137**

1. Entity Name
ATLANTICOMM OF SAGABAY, INC.

Principal Place of Business	Mailing Address
13850 SW 88 ST	15540 SW 156 AVENUE
MIAMI FL	MIAMI FL
33186	33187 US

2. Principal Place of Business	3. Mailing Address
10201 HAMMOCKS BLVD	10201 HAMMOCKS BLVD
Suite, Apt. #, etc.: # 279	Suite, Apt. #, etc.: # 279
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33196 / Country:	Zip: 33196 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0752475** ☐ 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
SINGH DAVINDER P	Name: MORA JOSE
13850 SW 88 STREET	Street Address (P.O. Box Number is Not Acceptable): 10201 HAMMOCKS BLVD
	# 279
MIAMI FL	City: MIAMI FL Zip Code: 33196
33186 US	

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 **JOSE MORA** **04/28/2000**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SINGH DAVINDER P 13850 SW 88 ST MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MORA JOSE 10201 HAMMOCKS BLVD, # 279 MIAMI FL 33196	☒ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: JOSE MORA P 04/28/2000