2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 18, 2001 8:00 am
Secretary of State
04-23-2001 90217 014 ***150.00

DOCUMENT # P97000051280

1. Entity Name
SISLACOM CORPORATION

Principal Place of Business	Mailing Address
250 E PALM DR 270 FLORIDA CITY FL 33034 US	250 E PALM DR 270 FLORIDA CITY FL 33034 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0760580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLV
#240
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: FUENTES NACARINO, VICTOR C.
Street Address (P.O. Box Number is Not Acceptable): 250 E PALM DR 270
270
City: FLORIDA CITY FL Zip Code: 33034

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] VICTOR FUENTES N 05-07-01
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 NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES-NACARINO, VICTOR C 2121 PONCE DE LEON SUITE 240 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES-NACARINO, VICTOR C 250 E PALM DR 270, FLORIDA CITY, FL 33034	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] VICTOR FUENTES N. 04-15-01 305-242-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #