

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062129

1. Entity Name

US COMMUNICATIONS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90035 042 ***150.00

Principal Place of Business

Mailing Address

2939 N FEDERAL HWY
FT LAUDERDALE FL 33306

2939 N FEDERAL HWY
FT LAUDERDALE FL 33306-1401

2. Principal Place of Business

3122 N. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

3122 N. FEDERAL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT, FL

4. FEI Number

65-0771409

Applied For

Not Applicable

Zip

Country

33064

Zip

Country

33064

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

GLAUSER, STUART H
12910 SW 84 STREET
MIAMI FL 33183

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

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 ☐ Delete
NAME D
STREET ADDRESS STRUM, DAVID
CITY-ST-ZIP 181 SHORES DR SOUTH
MIAMI FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/26/00

Date

✓ 954-390-0999

Daytime Phone #

CR2E034 (9/99)