

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90004 048 ***550.00

DOCUMENT # P97000071299

1. Entity Name
ZAFI COMMUNICATIONS CORPORATION

Principal Place of Business
~~43 EAGLE DRIVE~~
~~FAIRFIELD CT 06432~~

Mailing Address
~~43 EAGLE DRIVE~~
~~FAIRFIELD CT 06432~~

A0076086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5 MILESTONE WAY
~~WEST PALM BEACH FL 33415~~

3. Mailing Address
WEST PALM BEACH FL 33415
 Suite, Apt. #, etc.

City & State
WEST PALM BEACH

4. FEI Number **65-0760217**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LOUISE-JULIE, GUY C
13004 S.W. 119 TERACE
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **LOUISE-JULIE, GUY, C.**
 Street Address (P.O. Box Number is Not Acceptable)
5 MILESTONE WAY
 City **WEST PALM BEACH FL** Zip Code **33415**

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 **GUY LOUISE-JULIE** DATE **9/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	COP	<input type="checkbox"/> Delete
NAME	LOUISE-JULIE, GUY C	
STREET ADDRESS	43 EAGLE DRIVE	
CITY-ST-ZIP	FAIRFIELD CT 06432	
TITLE	COP	<input type="checkbox"/> Delete
NAME	LOUISE-JULIE, ANN M	
STREET ADDRESS	43 EAGLE DRIVE	
CITY-ST-ZIP	FAIRFIELD CT 06432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE-JULIE, GUY, C	
STREET ADDRESS	5 MILESTONE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	COP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE-JULIE, ANN, M	
STREET ADDRESS	5 MILESTONE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Date Daytime Phone #

CR2E034 (5/00)