

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91341 011 \*\*\*150.00

DOCUMENT # P98000022593

1. Entity Name

PLENA COMMUNICATIONS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2255 GLADES RD

3. Mailing Address

21218 St. ANDREWS BLVD.

668990

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

SUITE 324A

Suite, Apt. #, etc.

# 130

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0823010

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LYCIO DE FARIA JR.

Street Address (P.O. Box Number is Not Acceptable)

3304 BRIDGEWOOD DRV

City BOCA RATON

FL

Zip Code 33434

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
LYCIO DE FARIA JR.  
3304 BRIDGEWOOD DRV  
BOCA RATON FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ADELIA DE FARIA  
3304 BRIDGEWOOD DRV  
BOCA RATON FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)