

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024548

1. Entity Name

FIBER DIRECT CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90113 003 ***150.00

Principal Place of Business

Mailing Address

1280 S. POWERLINE RD., STE. 700
POMPANO BEACH FL 33069

1280 S. POWERLINE RD., STE. 700
POMPANO BEACH FL 33069-4339

2. Principal Place of Business

1325 S. Powerline Rd

3. Mailing Address

1325 S. Powerline Rd

Suite, Apt. #, etc.

Suite 700

City & State

Pompano Beach, FL

Suite, Apt. #, etc.

Suite 700

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

Zip

33069

Country

Broward

6. Name and Address of Current Registered Agent

BORZILLERI, JAMES V
1280 S. POWERLINE RD., STE. 700
POMPANO BEACH FL 33069

4. FEI Number

65-0817934

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75. Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Borzilleri, James V

Street Address (P.O. Box Numbers Not Acceptable)

1325 S. Powerline Rd

Suite 700

City

Pompano Beach FL

Zip Code

33069

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BORZILLERI, JAMES V	1451 W CYPRESS CREEK RD SUITE 300	FT LAUDERDALE FL 33309	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President	Borzilleri, James V	1325 S. Powerline Rd, Suite 700	Pompano Beach, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	CITY-ST-ZIP	CHANGE	ADDITION
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	CITY-ST-ZIP	CHANGE	ADDITION
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TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	CITY-ST-ZIP	CHANGE	ADDITION
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	CITY-ST-ZIP	CHANGE	ADDITION

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES V. BORZILLERI, President

Date

4/17/00

954-979-1986

CR2E034 (9/99)