

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034418

1. Entity Name

BUSACOM CORPORATION

Principal Place of Business

3208-C EAST COLONIAL DRIVE  
STE 309  
ORLANDO FL 32803

Mailing Address

3208-C EAST COLONIAL DRIVE  
STE 309  
ORLANDO FL 32803-5127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, LAWRENCE H  
341 N MAITLAND AVE, SUITE 120  
MAITLAND FL 32751

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 M ☐ Delete  
NAME BUSA, ANTHONY  
STREET ADDRESS 3208-C E COLONIAL DR ST 309  
CITY-ST-ZIP ORLANDO FL 32803

TITLE M ☒ Change ☐ Addition  
NAME BUSA, ANTHONY  
STREET ADDRESS 723 WARRENTON RD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete  
NAME LEWIS, SHERRI A  
STREET ADDRESS 130 W 85TH ST  
CITY-ST-ZIP NEW YORK NY 10024

TITLE D ☐ Change ☒ Addition  
NAME BUSA, GRAZIELLA  
STREET ADDRESS 529 BROOME ST #36  
CITY-ST-ZIP NEW YORK NY 10013

TITLE D ☐ Delete  
NAME BUSA, FRANK  
STREET ADDRESS 4711 E FALCON DR STE 101  
CITY-ST-ZIP MESA AR 85215

TITLE D ☐ Change ☒ Addition  
NAME LEVENSON, DAVID  
STREET ADDRESS 754 GOLDEN SUNSHINE CIR  
CITY-ST-ZIP ORLANDO FL 32807

TITLE D ☐ Delete  
NAME CARBONE, MARK  
STREET ADDRESS 1025 ORANGE AVE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Change ☐ Addition  
NAME CARBONE, MARK  
STREET ADDRESS 1141 GROVE ST  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME BUSA, GRAZIA  
STREET ADDRESS 723 WARRENTON RD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Busa

Date

3/15/00

Daytime Phone #

(407) 678-7828



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)