

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 08:00 AM****Secretary of State****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

2. Principal Place of Business

723 WARRENTON RD

3. Mailing Address

3208-C E. COLONIAL DR #309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FL

City & State

ORLANDO FL

4. FEI Number

59-3509346

Applied For

Not Applicable

Zip
32792

Country

Zip
32803

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

02/14/2001

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVENSON DAVID	
STREET ADDRESS	754 GOLDEN SUNSHINE CIR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSA GRAZIELLA	
STREET ADDRESS	529 BROOME ST, #36	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARBONE MARK	
STREET ADDRESS	1141 GROVE ST	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSA FRANK	
STREET ADDRESS	4711 E FALCON DR STE 101	
CITY-ST-ZIP	MESA AR 85215	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS SHERRI A	
STREET ADDRESS	130 W 85TH ST	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	M	<input type="checkbox"/> Delete
NAME	BUSA ANTHONY	
STREET ADDRESS	723 WARRENTON RD	
CITY-ST-ZIP	WINTER PARK FL 32792	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSA GRAZIA	
STREET ADDRESS	723 WARRENTON RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSA GRAZIELLA	
STREET ADDRESS	529 BROOME ST #36	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS R	
STREET ADDRESS	130 W 85TH ST	
CITY-ST-ZIP	NEW YORK NY 10024	
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: ANTHONY BUSA

D

02/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)