2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # **P98000054046** 1. Entity Name FIBERCOM ELECTRIC INC. 03-28-2000 90010 049 ***158.75 Principal Place of Business Mailing Address 1895 LAKE SHORE DRIVE 1895 LAKE SHORE DRIVE FT. LAUDERDALE FL 33326-2350 FT. LAUDERDALE FL 33326 827552 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0846412 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUIZENGA, WAYNE N Street Address (P.O. Box Number is Not Acceptable) 1895 LAKE SHORE DR. FT. LAUDERDALE FL 33326 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition ☐ Delete TITLE HUIZENGA, PAUL C NAME NAME STREET ADDRESS STREET ADDRESS 1895 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUIZENGA, WAYNE N STREET ADDRESS 1895 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33326 ST Mark & St Addition Change TITLE TITLE ☐ Delete HUIZENGA, FRANCES L NAME STREET ADDRESS 1895 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33326 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: