2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am DOCUMENT # P98000054046 **Secretary of State** 1. Entity Name FIBERCOM ELECTRIC INC. 01-31-2001 90195 014 ***150.00 17.7 Principal Place of Business Mailing Address 1895 LAKE SHORE, DRIVE 1895 LAKE SHORE DRIVE FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0846412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUIZENGA, WAYNE N Street Address (P.O. Box Number is Not Acceptable) 1895 LAKE SHORE DR. FT. LAUDERDALE FL 33326 Zip Code City 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HUIZENGA, PAUL C NAME STREET ADDRESS STREET ADDRESS 1895 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIE FT LAUDERDALE FL 33326 Delete ☐ Change ☐ Addition TITLE TITLE HUIZENGA, WAYNE N NAME NAME STREET ADDRESS STREET ADDRESS 1895 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Addition TITLE Change TITLE Delete HUIZENGA, FRANCES L NAME NAME STREET ADDRESS STREET ADDRESS 1895 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33326 Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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 effect the 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: