

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000060272**

1. Entity Name

LEECOM COMMUNICATIONS, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90052 004 ***150.00

Principal Place of Business

**2455 E. SUNRISE BLVD.
10TH FLOOR
FORT LAUDERDALE FL 33304**

Mailing Address

**2455 E. SUNRISE BLVD.
10TH FLOOR
FORT LAUDERDALE FL 33304-3118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0855848

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131****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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PSTD** ☐ Delete
NAME **FEDER, STEVEN L**
STREET ADDRESS **2455 SUNRISE BLVD. 10TH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**TITLE **D** ☐ Delete
NAME **STOLZ, PETER**
STREET ADDRESS **2455 SUNRISE BLVD. , 10TH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 and full name like empowered.

SIGNATURE:

SIGNATURE REQUIRED PETER STOLZ

Date

Daytime Phone #

1/19/00 954-568-3308