

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 001 ***150.00

DOCUMENT # P98000067521

1. Entity Name

VULCAN MICROSYSTEMS, INC.

Principal Place of Business

Mailing Address

1785 NW 79TH AVE
 MIAMI FL 33126

1785 NW 79TH AVE
 MIAMI FL 33126-1112
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0854573

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, ERIK
~~1785 NW 79TH AVE~~
~~MIAMI FL 33126~~

90 Edgewater Drive, Apt. 111
Coral Gables, FL 33133

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	GRAY, ERIK		
STREET ADDRESS	5810 S.W. 46TH TERRACE		
CITY-ST-ZIP	MIAMI FL 33155		
SD	WETMORE, WILLIAM		
STREET ADDRESS	121 SOUTH ROYAL POINCIANA		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		
TD	BARRENECHE, J M		
STREET ADDRESS	14307 S.W. 100TH LANE		
CITY-ST-ZIP	MIAMI FL 33186		

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

3-2-00

Date

305-599-0290

Daytime Phone