

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000106182**

1. Entity Name

CYCLONE COMMUNICATIONS, INC.**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90029 009 ***150.00

Principal Place of Business 9300 S. DADELAND BLVD. #109 MIAMI FL 33156	Mailing Address 9300 S. DADELAND BLVD. #109 MIAMI FL 33156-2704
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0891221	Applied For
		Not Applied

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARRAGAN, HUGO R 9300 S. DADELAND BLVD. #109 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
NAME	BARRAGAN, HUGO R	NAME	
STREET ADDRESS	9300 S. DADELAND BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
NAME	ZIPPER, LANCE S	NAME	
STREET ADDRESS	9300 S. DADELAND BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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

Date

Daytime Phone #

Hugo R. Barragan 01/07/2000 670.8532 (305)