

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000005839**1. Entity Name
ALMOCOM, INC.**FILED**
Apr 24, 2000 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
7280 W. MCNAB RD	7280 W. MCNAB RD
SUITE 139	SUITE 139
N. LAUDERDALE FL	N. LAUDERDALE FL
33068	33068

2. Principal Place of Business
1629 SW 81ST AVENUESuite, Apt. #, etc.
#1108City & State
NORTH LAUDERDALE FLZip
330683. Mailing Address
1629 SW 81ST AVENUESuite, Apt. #, etc.
#1108City & State
NORTH LAUDERDALE FLZip
330684. FEI Number
65-0888924Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ALMODOVAR NELSON**
7280 W. MCNAB RD
SUITE 139
N. LAUDERDALE FL
33068**7. Name and Address of New Registered Agent**Name
ALMODOVAR NELSON
Street Address (P.O. Box Number is Not Acceptable)
6190 WOODLANDS BLVD.
#119
City
TAMARAC FL Zip Code
33319

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)

04/24/2000

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	PD	<input type="checkbox"/> Delete
NAME	ALMODOVAR NELSON	
STREET ADDRESS	7280 W. MCNAB RD	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMODOVAR NELSON	
STREET ADDRESS	1629 SW 81ST AVENUE #1108	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE _____

DATE **04/24/2000**