

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010859

1. Entity Name

PASSWORDS COMMUNICATIONS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90022 018 ***150.00

Principal Place of Business

Mailing Address

2445 FLAMINGO ROAD
SUITE 401
MIAMI FL 33140

2445 FLAMINGO ROAD
SUITE 401
MIAMI FL 33140-4372

2. Principal Place of Business

2455 FLAMINGO DRIVE

3. Mailing Address

2455 FLAMINGO DRIVE

Suite, Apt. #, etc.

SUITE 401

Suite, Apt. #, etc.

SUITE 401

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0596996

Applied For

Not Applicable

Zip

33140

Country

MIAMI-DADE

Zip

33140

Country

MIAMI-DADE

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

ANDERSON, KIRK
2445 FLAMINGO ROAD
SUITE 401
MIAMI FL 33140

Name

ANDERSON, KIRK

Street Address (P.O. Box Number is Not Acceptable)

2455 FLAMINGO DRIVE

SUITE 401

City

MIAMI BEACH

FL

Zip Code

33140

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
KIRK ANDERSON
2455 FLAMINGO DRIVE, #401
MIAMI BEACH, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

KIRK ANDERSON, PRESIDENT

1/18/2000

305-532-7252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)