

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90006 036 ***150.00

DOCUMENT # P99000010859

1. Entity Name

PASSWORDS COMMUNICATIONS, INC.

Principal Place of Business

**2455 FLAMINGO ROAD
 SUITE 401
 MIAMI FL 33140**

Mailing Address

**2455 FLAMINGO ROAD
 SUITE 401
 MIAMI FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2455 FLAMINGO DRIVE

Suite, Apt. #, etc.

SUITE 401

City & State

MIAMI BEACH, FL

Zip
33140

Country

USA

3. Mailing Address

2455 FLAMINGO DRIVE

Suite, Apt. #, etc.

SUITE 401

City & State

MIAMI BEACH, FL

Zip
33140

Country

USA

4. FEI Number

65-0596996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, KIRK
 2455 FLAMINGO ROAD
 SUITE 401
 MIAMI FL 33140**

7. Name and Address of New Registered Agent

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]

KIRK ANDERSON, OWNER

1/22/2001

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, 2002 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

TITLE
 NAME **P ANDERSON, KIRK** ☐ Delete
 STREET ADDRESS **2455 FLAMINGO DR #401**
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE
 NAME ☐ Change ☐ Addition
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KIRK ANDERSON**
OWNER

1/22/2001

Date

505-532-7252

Daytime Phone #

CR2E034 (9/01)