

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90014 048 \*\*\*150.00

**DOCUMENT # P99000019386**

1. Entity Name

INTELECOM 2000 CORP.

Principal Place of Business

5445 MARINER STREET STE 208  
TAMPA FL 33609

Mailing Address

5445 MARINER STREET STE 208  
TAMPA FL 33609

2. Principal Place of Business

447 3rd Ave N

3. Mailing Address

← Same

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

407

City & State

St Petersburg FL

City & State

St Petersburg FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3585747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUCCI, DIANA  
5445 MARINER STREET STE 208  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Diana Monahan

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

447 3rd Ave N #407

City

St Petersburg

FL

Zip Code

33701

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

*Diana Monahan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-12-2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	BUCCI, ROCCO	
STREET ADDRESS	344 7 STREET NORTH #3	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCCI, DIANA	
STREET ADDRESS	344 7 STREET NORTH #3	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARIATI, AL	
STREET ADDRESS	14512 EMBASSY LANE	
CITY-ST-ZIP	TAMPA FL 33613	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monahan, not Bucci	
STREET ADDRESS	447 3rd Ave. N. #407	
CITY-ST-ZIP	St Petersburg FL 33701	
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:

*SIGNATURE FRIQUER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000

Date

727 822 3909

Daytime Phone #

CR2E034 (5/00)

attachment # p99000019386 DWP123



**VAN MIDDLESWORTH  
AND COMPANY, P.A.**

certified public accountants

678 Fourth Street North • St. Petersburg, Florida 33701-2320  
Voice: (727) 821-2006 • Fax: (727) 822-5649  
gvancpa@gte.net

MEMBERS: American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

SINCE 1960

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Intelcom 2000 Corp.

Dear Sir or Madam

I am writing on behalf of Intelcom 2000 Corp. regarding the filing of their 2000 UBR. The company did not receive notification or a UBR form prior to the May 1<sup>st</sup> deadline. The company only received a UBR form after the \$400 penalty had been added. Accordingly I respectfully request a waiver of the \$400 penalty. I have enclosed a check for \$150 as payment in full of the Company's 2000 Annual Fee.

If you have any questions regarding the above matter please contact me.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Guy VanMiddlesworth', is written over a horizontal line.

Guy VanMiddlesworth, CPA

Cc: Rocco Bucci