

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023073

1. Entity Name

KAESER DIGITAL CONNECTIONS, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90018 026 ***150.00

Principal Place of Business

15690 S.W. 82ND LANE
9-1
MIAMI FL 33193

Mailing Address

15690 S.W. 82ND LANE
9-1
MIAMI FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

15690 SW 82ND LANE

Suite, Apt. #, etc.

9-1

City & State

MIAMI FL

Zip

33193

Country

MIAMI-DADE

4. FEI Number

65-0898094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INFANTE, PAUL
15690 S.W. 82ND LANE
9-1
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME INFANTE, PAUL
STREET ADDRESS 15690 S.W. 82ND LANE
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres Sec Director
NAME Infante Paul
STREET ADDRESS 15690 SW 82 LANE 9-1
CITY-ST-ZIP MIAMI, FLA 33193

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Paul M Infante

PAUL INFANTE

Date

01-04-00

Daytime Phone #

305 388-8108

CR2E034 (9/99)