

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000038852**1. Entity Name
GROUPWARE COMMUNICATIONS, INC.

| | |
|-----------------------------|-----------------------------|
| Principal Place of Business | Mailing Address |
| 10150 ASPEN WAY | 10150 ASPEN WAY |
| PALM BEACH GARDENS FL 33410 | PALM BEACH GARDENS FL 33410 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 1150 NW 72ND AVENUE | 1150 NW 72ND AVENUE |

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| SUITE #530 | SUITE #530 |

| | |
|--------------|--------------|
| City & State | City & State |
| MIAMI FL | MIAMI FL |

| | | | |
|-------|---------|-------|---------|
| Zip | Country | Zip | Country |
| 33126 | | 33126 | |

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0915015 | 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

KEITH COLIN
10150 ASPEN WAY

PALM BEACH GARDENS FL 33410 US

7. Name and Address of New Registered Agent

Name
KEITH COLIN PD
Street Address (P.O. Box Number is Not Acceptable)
17324 SW 22ND STREET

City
MIRAMAR FL Zip Code
33029

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 **COLIN KEITH****04/30/2001**

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, 2001 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 | VSTD | <input type="checkbox"/> Delete |
| NAME | LAROCQUE MONICA E | |
| STREET ADDRESS | 10150 ASPEN WAY | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KEITH COLIN K | |
| STREET ADDRESS | 10150 ASPEN WAY | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | VSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAROCQUE MONICA E | |
| STREET ADDRESS | 17324 SW 22ND STREET | |
| CITY-ST-ZIP | MIRAMAR FL 33029 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEITH COLIN J | |
| STREET ADDRESS | 17324 SW 22ND STREET | |
| CITY-ST-ZIP | MIRAMAR FL 33029 | |
| 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: Colin Keith

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)