

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047165

1. Entity Name

ADVANCED INTEGRATED COMMUNICATIONS & CONTROLS, I

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90019 043 ***150.00

Principal Place of Business

Mailing Address

5728 MAYOR BLVD.
SUITE 206
ORLANDO FL 32819

5728 MAYOR BLVD.
SUITE 206 → #209
ORLANDO FL 32819

2. Principal Place of Business

5728 MAJOR BLVD
Suite, Apt. #, etc.
209

3. Mailing Address

5728 MAJOR BLVD.
Suite, Apt. #, etc.
209

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

Orange

Zip

32819

Country

Orange

4. FEI Number

59-3578656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUTURE, GABRIEL
300 N. NEW YORK AVE.
WINTER OAK FL 33790-0680

7. Name and Address of New Registered Agent

Name
GABRIEL LAUTURE

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

5728 MAJOR BLVD SUITE 209
ORLANDO

City

FL

Zip Code

32819

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

TITLE VS
NAME MERCADO, ISRAEL ☒ Delete
STREET ADDRESS 5728 MAYOR BLVD., STE 206
CITY-ST-ZIP ORLANDO FL 32819

TITLE PT VS
NAME LAUTURE, GABRIEL ☐ Delete
STREET ADDRESS 5728 MAYOR BLVD., STE 206
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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: *Gabriel Lauture*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/00

CR2E034 (9/99)