

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067300

1. Entity Name

C & W COMMUNICATIONS, INC.

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-02-2000 90110 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1201 TAMARIND WAY~~  
~~BOCA RATON FL 33433~~

~~1201 TAMARIND WAY~~ 5970 S.W. 18th St #222  
~~BOCA RATON FL 33433~~ Boca Raton, FL 33433

2. Principal Place of Business

5970 S.W. 18th St #222  
Suite, Apt. #, etc.  
#222

3. Mailing Address

5970 S.W. 18th St  
Suite, Apt. #, etc.  
#222

City & State  
Boca Raton, FL

City & State  
Boca Raton FL

Zip Country  
33433 USA

Zip Country  
33433 USA

4. FEI Number

DO NOT WRITE IN THIS SPACE  
65-0593068

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARK FRIEDLANDER

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

5970 S.W. 18th St #222

City

Boca Raton

FL

Zip Code

33433

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

MARK FRIEDLANDER PRES

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Delete	#222
NAME	FRIEDLANDER, MARK J		
STREET ADDRESS	<del>1201 TAMARIND WAY</del> 5970 S.W. 18th St		
CITY-ST-ZIP	<del>BOCA RATON FL 33433</del> Boca Raton, FL 33433		
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
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TITLE		Change	Addition
NAME			
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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK FRIEDLANDER

4/19/00 561-338-0311

Date

Daytime Phone #

CR2004 (9/99)