

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90161 050 ***150.00

DOCUMENT # P99000068568

1. Entity Name
DUNDERCOM, INC.

| | |
|---|--|
| Principal Place of Business 2121 PONCE DE LEON BLVD STE 920 CORAL GABLES FL 33134 | Mailing Address 2121 PONCE DE LEON BLVD STE 920 CORAL GABLES FL 33134 5218 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 201 Ahambra Circle Suite, Apt. #, etc. Ste 502 | 3. Mailing Address 201 Ahambra Circle Suite, Apt. #, etc. Ste 502 |
|--|--|

| | | |
|--|--|---|
| City & State Coral Gables FL | City & State Coral Gables FL | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip 33134 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
ARVESU, MANUEL M
~~2121 PONCE DE LEON BLVD STE 920~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
201 Ahambra Circle
Suite 502
 City **Coral Gables FL** Zip Code **33134**

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 _____ DATE **4/28/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PD GUEVARA, IGNACIO 2121 PONCE DE LEON BLVD STE 920 CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SVENSO, ALFRED 2121 PONCE DE LEON BLVD STE 920 CORAL GABLES FL 33134 |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Ahambra Circle, Ste 502. Coral Gables FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Ahambra Circle, Ste 502 Coral Gables FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Alfred Svenson* **SVENSON, ALFRED** **4/28/00** **305-442-2558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)