

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068568

1. Entity Name

DUNDERCOM, INC.

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

05-04-2000 90161 050 ***150.00

Principal Place of Business

Mailing Address

~~2121 PONCE DE LEON BLVD STE 920~~
~~CORAL GABLES FL 33134~~

~~2121 PONCE DE LEON BLVD STE 920~~
~~CORAL GABLES FL 33134-5218~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

201 Alhambra Circle
 Suite, Apt. #, etc.
 Ste 502

201 Alhambra Circle
 Suite, Apt. #, etc.
 Ste 502

City & State
 Coral Gables FL

City & State
 Coral Gables FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
 33134

Country

Zip
 33134

Country

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

ARVESU, MANUEL M
 2121 PONCE DE LEON BLVD STE 920
 CORAL GABLES FL 33134

Name

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

201 Alhambra 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 GUEVARA, IGNACIO
 2121 PONCE DE LEON BLVD STE 920
 CORAL GABLES FL 33134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 201 Alhambra Circle, Ste 502
 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 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 201 Alhambra Circle, Ste 502
 Coral Gables FL 33134

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alfred Svenson, Jr. 4/28/00

305-442-2558

CR2E034 (9/99)