

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 27 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 74428

1. Entity Name S. B. Communication
6404 Metateuca Lane, 7349 OAKBORO
Lake Worth, FL 33469 DR.

Principal Place of Business Mailing Address
6404 Metateuca Lane 7349 OAKBORO
Lake Worth, FL 33469 DR.

2. Principal Place of Business 7349 OAKBORO DR.
Suite, Apt. #, etc. N/A
City & State LAKE-WORTH
Zip FL Country W.P.B.

3. Mailing Address 7349 OAKBORO DR.
Suite, Apt. #, etc.
City & State LAKE-WORTH
Zip 33467 Country U.S.A.

4. FEI Number 65-0942861 Applied For 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
MOHAMMAD J. AKTAR
7349 OAKBORO DR.
LAKE-NORTH, FL 33467

7. Name and Address of New Registered Agent
Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] (NOTE: Registered Agent signature required when reinstating.) DATE 3/24/2001

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	<u>PR.</u>	<input type="checkbox"/> Delete
NAME	<u>Mohammed J. AKTAR</u>	
STREET ADDRESS	<u>6404 METATEUCA LANE</u>	
CITY-ST-ZIP	<u>LAKE WORTH, FL 33469 DR.</u>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<u>300003245063--4</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<u>05/03/00-01/05-006</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<u>***150.00 ***150.00</u>	
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: [Signature] DATE 4/12/2001 DAYTIME PHONE # 606-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

KE