

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PP1000077471**

1. Entity Name

Tech One Communications, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6043 Kimberly Blvd.

3. Mailing Address

6043 Kimberly Blvd.

Suite, Apt. #, etc.

Suite P

Suite, Apt. #, etc.

Suite P

City & State

N. Lauderdale, FL

City & State

N. Lauderdale, FL

Zip
33068

Country
USA

Zip
33068

Country
USA

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

Spiegel & Utresa
343 Almeria Avenue
Coral Gables, FL 33134

Name
David Hatton, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2250 SW 3rd Avenue, 5th Floor

Miami, FL 33129

City
Miami

FL

Zip Code
33129

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

David L. Hatton
DAVID L. HATTON

3/19/01

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) ☐

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-20-01 BY 60327/STP/STP

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 Secretary ☒ Delete
NAME Genevieve Davidson
STREET ADDRESS 350 S. Shore Drive
CITY-ST-ZIP Miami, FL 33141

TITLE Vice President/Secretary ☒ Change ☐ Addition
NAME David Alcocer
STREET ADDRESS 6540 Kimberly Blvd. Suite P
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE Treasurer ☒ Delete
NAME Harrison Perez
STREET ADDRESS 350 S. Shore Drive
CITY-ST-ZIP Miami, FL 33141

TITLE President/Treasurer ☒ Change ☐ Addition
NAME Kiye Laster
STREET ADDRESS 6540 Kimberly Blvd., Suite P
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000004480720-4
-07/17/01--01057--001
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000004480720-4
-07/17/01--01057--002
****150.00 ****150.00

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Alcocer

05/01/01

954-984-8446

Date

Daytime Phone #

APPROVED
AND
FILED

01 JUN 18 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001/06/18/14141