

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT: P99000080231
1. Entity Name
Americom Industries Inc.

Principal Place of Business Mailing Address
11550 N.W. 56 Drive #113
Coral Springs, FL 33076

2. Principal Place of Business 3. Mailing Address
Post Rd 16700 South Post Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
204
City & State City & State
Weston
Zip Country Zip Country
33331 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 650948154 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
Spiegel & Utrera P.A.
343 Almeria Ave
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
Name Maria Cecilia Malachowsky
Street Address (P.O. Box Number is Not Acceptable)
16700 South Post Rd. #204
City Weston FL Zip Code 33331

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 Maria Cecilia Malachowsky 04-27-00
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) ☐

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 | <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 | |
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| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>President P. Todd S. Malachowsky</u> |
| STREET ADDRESS | <u>16700 South Post Rd #204</u> |
| CITY-ST-ZIP | <u>Weston, FL 33331</u> |
| TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <u>Maria Cecilia Malachowsky</u> |
| STREET ADDRESS | <u>16700 South Post Rd. #204</u> |
| CITY-ST-ZIP | <u>Weston, FL 33331</u> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: Todd S. Malachowsky 04-27-00 954-415-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)