

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90425 019 ***150.00

DOCUMENT # P99000082092
Entity Name
CONECTADAS, INC.

Principal Place of Business
SOUTH BISCAYNE BOULEVARD
FLOOR
FL 33131
Mailing Address
200 SOUTH BISCAYNE BOULEVARD
20TH FLOOR
MIAMI FL 33131-2310

949073



DO NOT WRITE IN THIS SPACE

Principal Place of Business
255 EAST FLAGLER ST.
Suite, Apt. #, etc.
301
City & State
MIAMI, FL
Zip
33131
Country
USA
3. Mailing Address
255 EAST FLAGLER STREET
Suite, Apt. #, etc.
301
City & State
MIAMI, FL
Zip
33131
Country
USA

4. FEI Number
65-0961795
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSSZ FIU CORPORATION
200 SOUTH BISCAYNE BOULEVARD
20TH FLOOR
MIAMI FL 33131

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

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

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LYNN H		NAME	ROBERTS, LYNN H.	
STREET ADDRESS	C/O 200 SOUTH BISCAYNE BOULEVARD		STREET ADDRESS	255 EAST FLAGLER ST. SUITE 301	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	D, CHIEF OPERATING OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SKRUZNY, MONIQUE H.	
STREET ADDRESS			STREET ADDRESS	255 EAST FLAGLER ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CHEEZEM, JAN C.	
STREET ADDRESS			STREET ADDRESS	200 S. BISCAYNE BLVD., 20TH FLOOR	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CICCHETTI, JO	
STREET ADDRESS			STREET ADDRESS	255 EAST FLAGLER ST. SUITE 301	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: *Jan Carson Cheezem* Jan Carson Cheezem 4/27/00 305 358 7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #