

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101722

1. Entity Name  
OCTA COM INT'L, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**  
06-05-2000 90025 045 \*\*\*150.00

Principal Place of Business  
1409 SLIGH BLVD.  
ORLANDO FL 32806

Mailing Address  
1409 SLIGH BLVD.  
ORLANDO FL 32806-3903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
6812 Hanging Moss Rd

City & State  
Orlando, FL

4. FEI Number  
58-2517023

Zip  
32807

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

ENDRO, LOTHAR  
1409 SLIGH BLVD.  
ORLANDO FL 32806

Name  
ENDRO, LOTHAR  
Street Address (P.O. Box Number is Not Acceptable)  
6812 Hanging Moss Rd  
City ORLANDO FL Zip Code 32807

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 DATE 5-26-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	ENDRO, LOTHAR	1409 SLIGH BLVD. ORLANDO FL 32806	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	ENDRO, LOTHAR	6812 HANGING MOSS RD ORLANDO FL 32807	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DATE 5-26-00 DAYTIME PHONE # 407-677-1885

CR2E034 (9/99)