

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000105063**

1. Entity Name

AUGUST-MERIT, INC.**FILED**
Apr 27, 2000 08:00 AM
Secretary of State

Principal Place of Business

C/O GTE MEXICO PCS
65 HIGH RIDGE ROAD 661
STAMFORD CT
069053806

Mailing Address

C/O GTE MEXICO PCS
65 HIGH RIDGE ROAD 661
STAMFORD CT
069053806

2. Principal Place of Business

401-A GARVIN ST.

3. Mailing Address

3435 AIRBORNE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE: GTE # 353

DO NOT WRITE IN THIS SPACE

City & State

FLORIDA FL

City & State

WILMINGTON OH

4. FEI Number

65-0974151

Applied For

Not Applicable

Zip
39950Country
USZip
45177Country
US

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY EDWARD L
223 TAYLOR STREET**PUNTA GORDA FL**
33950 US

7. Name and Address of New Registered Agent

Name

ALONSO KENA

Street Address (P.O. Box Number is Not Acceptable)

401-A GARVIN ST

City

PUNTA GORDA**FL**

Zip Code

33950

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 **KENA ALONSO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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 State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D ALONSO KENA**
STREET ADDRESS **C/O GTE MEXICO PCS, 65 HIGH RIDGE RD. 661**
CITY-ST-ZIP **STAMFORD CT 069053806**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D ALONSO KENA**
STREET ADDRESS **401-A GARVIN ST**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: KENA ALONSO

DATE: 04/27/2000