## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2000 8:00 am **DOCUMENT # \$50452 Secretary of State** 1. Entity Name 02-08-2000 90041 016 \*\*\*150 00 ABLE TELCOM HOLDING CORP. Principal Place of Business Mailing Address 1601 FORUM PLACE 1601 FORUM PLACE **SUITE 1110 SUITE 1110** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-8104 US 2. Principal Place of Business 3. Mailing Address 1200 Landmark Center 200 Landmark Center DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Suite 1300 1300 City & State City & State 4. FEI Number Applied For 65-0013218 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POLLOCK, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE SUITE 1110 WEST PALM BEACH FL 33401 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE TITLE ARP, MIKE NAME NAME 1601 FORUM PL SUITE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 ☐ Delete Change NAME SANDULLI, RICHARD J NAME STREET ADDRESS 1601 FORUM PLACE SUITE 1110 STREET ADDRESS CITY-ST-7IP W PALM BEACH FL 33401 CITY-ST-ZIP -- [--] Change ---☐ Delete TITLE TITLE RAY, BILLY V NAME NAME 1601 FORUM PL SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP $\Box$ :::: TITLE ☐ Delete TITLE ☐ Change TERRERO, ELIZABETH NAME NAME 1601 FORUM PL SUITE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 Delete ☐ Change $\Box$ . TITLE TITLE BRATT, JONATHAN A NAME NAME 1601 FORUM PLACE, SUITE 1110 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP $\Box$ . TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 entering 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 changed, or on an attachment of h an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

(402) 233-76=

Daytime Phone #