

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69138

1. Entity Name

NASACOM, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90196 017 ***150.00

Principal Place of Business

Mailing Address

4720 OAKES RD
 UNIT E
 DAVIE FL 33314
 US

4720 OAKES RD
 UNIT E
 DAVIE FL 33314-2234
 US

2. Principal Place of Business

10001 NW 50 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

W-3

Suite, Apt. #, etc.

City & State

SUNRISE - FLORIDA

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

65-0274788

Applied For

Not Applicable

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

RICHARD PIROVANO
 4720 OAKES RD
 UNIT E
 DAVIE FL 33314

Name

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

City

FL

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PDS
 STREET ADDRESS PIROVANO, RICHARD
 CITY-ST-ZIP 4720 OAKES RD UNIT E
 DAVIE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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 or without other title empowered.

SIGNATURE:

Richard Pirovano RICHARD PIROVANO 2-28.00 954-749-5150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)