

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98399

1. Entity Name

NACS COMMUNICATIONS, INC.

Principal Place of Business

100 S.E. SECOND STREET  
SUITE 4500  
MIAMI FL 33131  
US

Mailing Address

100 S.E. SECOND STREET  
SUITE 4500  
MIAMI FL 33131  
US

2. Principal Place of Business

701 BRICKELL AVENUE  
Suite, Apt. #, etc.  
SUITE 1350  
City & State  
MIAMI, FL  
Zip  
33131  
Country

3. Mailing Address

701 BRICKELL AVENUE  
Suite, Apt. #, etc.  
SUITE 1350  
City & State  
MIAMI, FL  
Zip  
33131  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3100704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1500 MIAMI CENTER  
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

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, 2001 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	PTD IBANEZ, JUAN E RICONADA EL SALTO 202 COMUNA HUECHURABA SANTIAGO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD DEWAR, DASKA RADIC RINCONADA EL SALTO 202 COMUNA HUECHURABA SANTIAGO, CHILE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IBANEZ, FRANCISCO RINCONADA EL SALTO 202 COMUNA HUECHURABA SANTIAGO, CHILE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DE ARMAS, LUIS A 201 S BISCAYNE BLVD. SUITE 1500 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELGADO, VICTOR 100 S.E. SECOND ST, SUITE 4500 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALLE, CARLOS L 100 S.E. SECOND ST, SUITE 4500 MIAMI FL 33131	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90045 037 \*\*\*150.00

AAU000117

0151177

CR2E034 (10/00)