

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076468

1. Entity Name

G 3 COMMUNICATIONS, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90022 044 \*\*\*150.00

Principal Place of Business

Mailing Address

950 SOUTH MIAMI AVENUE  
 MIAMI FL 33130  
 US

950 SOUTH MIAMI AVENUE  
 MIAMI FL 33130-4121  
 US

2. Principal Place of Business

575 STANLEY BLVD  
 Suite, Apt. #, etc.

3. Mailing Address

575 STANLEY BLVD  
 Suite, Apt. #, etc.  
 BIRMINGHAM, MI



DO NOT WRITE IN THIS SPACE

City & State

BIRMINGHAM, MI

City & State

BIRMINGHAM, MI

4. FEI Number

65-0527451

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GUERRIERI, DANIEL ESQ.  
 6302 SW 41ST STREET  
 MIAMI FL 33155

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 Timothy Mayer TIMOTHY MAYER 6 MAR 00  
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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MAYER, TIMOTHY A	
STREET ADDRESS	575 STANLEY BLVD	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, PATRICIA A.	
STREET ADDRESS	575 STANLEY BLVD	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Timothy Mayer TIMOTHY MAYER 6 MAR 00 248 705 9099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)