

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90042 032 ***150.00

DOCUMENT # F99000004261

1. Entity Name
NEXT TELECOMMUNICATION, INC.

Principal Place of Business

1020 N.W. 163RD DR
MIAMI FL 33169

Mailing Address

1020 N.W. 163RD DR
MIAMI FL 33169

2. Principal Place of Business

1080 N.W. 163RD DR

Suite, Apt. #, etc.

3. Mailing Address

1080 N.W. 163RD DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

U.S.A.

Zip

33169

Country

U.S.A.

4. FEI Number

52-2082250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HALPREN, DAVID

4164 INVERRARY DR #207

LAUDERHILL FL 33319

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 of the 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, 2002 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 **PD** ☐ Delete
NAME **MEIMOUN, ARIK**
STREET ADDRESS **3000 ISLAND BLVD #2001**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **VP** ☒ Delete
NAME **ENGIN, YESK**
STREET ADDRESS **1020 NW 163RD DR**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **S** ☐ Delete
NAME **GUVEN, KIVLCUN**
STREET ADDRESS **1020 NW 163RD DR**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **Director** ☐ Delete
NAME **David Halpern**
STREET ADDRESS **4164 Inverrary Dr**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **Director** ☐ Delete
NAME **Enrique Torres**
STREET ADDRESS **Av Vasco de Quiroga 1800**
CITY-ST-ZIP **Santa Fe, Mexico DF 01210**

TITLE **Director** ☐ Delete
NAME **Peter Foyo**
STREET ADDRESS **Blvd. Manuel Avila Comacho No. 36**
CITY-ST-ZIP **Colombes de Chapultepec, Mexico DF 1100**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2002 305.914.3511

CR2E034 (9/01)