

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 045 ***150.00

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1. Entity Name
~~NATIONAL CALL CENTER, INC.~~

National Answering Service, Inc.



Principal Place of Business
8600 NW 53RD TERRACE
SUITE 220
MIAMI FL 33166

Mailing Address
8600 NW 53RD TERRACE
SUITE 220
MIAMI FL 33166

2. Principal Place of Business
6802 NW 77th Ct.

3. Mailing Address
P.O. Box 66-9003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami Florida

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number 75-3026962

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FERNANDEZ, ALBERT
8600 NW 53RD TERRACE
SUITE 220
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
DiGiorgio, Maria Esq.
Street Address (P.O. Box Number is Not Acceptable)
6802 NW 77 Court
City
Miami FL Zip Code 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Maria DiGiorgio, Esq. 4/30/03
(NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ALBERT 8600 NW 53RD TERRACE MIAMI FL 33166	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> 6802 NW 77th Ct. Miami FL 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Miguel, Juan Carlos 6802 NW 77 Court Miami, FL 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 4/30/03 305-592-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)