

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91753 044 ***150.00

DOCUMENT # PA6000064658 ✓
1. Entity Name
A. CoinPhone Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 144384
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 144384
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
331 Country
US

Zip
33134 Country
US

4. FEI Number
65-069 2240

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Luis M. Faleo

Street Address (P.O. Box Number is Not Acceptable)
4550 Pine Tree Drive

City
Miami Beach **FL** Zip Code
33140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u> <u>Luis M. Faleo</u> <u>4550 Pine Tree Dr.</u> <u>Miami Beach, FL 33140</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Rosary P. Faleo</u> <u>4550 Pine Tree Dr.</u> <u>Miami Beach, FL 33140</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #