

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90072 008 ***150.00

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

DOCUMENT # *PA7000018428*
 1. Entity Name
Inktel Direct Corp. (NC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Miami, FL
 Suite, Apt. #, etc.

3. Mailing Address
13975 NW 58th Ct
 Suite, Apt. #, etc.

City & State
Miami, FL

Zip *33014* Country *US*

4. FEI Number
65-0734857

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Murai, Wald, Biundo, & Moreno

Street Address (P.O. Box Number is Not Acceptable)
400 Ingraham Building

25 Southeast 2nd Ave

City *Miami* FL Zip Code *33131*

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)

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	<i>Joe Chairman Jose Arriola Sr. 13975 NW 58th Ct Miami, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jose Arriola Jr. 13975 NW 58th Ct Miami, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Sales Eddy Arriola 13975 NW 58th Ct Miami, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Operations Tony Castro 13975 NW 58th Ct Miami, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO Mike Wallace 13975 NW 58th Ct Miami, FL 33014</i>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employees.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305 523-1151

Daytime Phone #

CR2E034B (12/01)