

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

0166455

**DOCUMENT # P98000047440**

1. Entity Name

**CALL PLUS USA, INC.**

06-06-2001 90001 047 \*\*\*550.00

Principal Place of Business <b>2601 SOUTH BAYSHORE DR PH1C COCONUT GROVE FL 33133</b>	Mailing Address <b>2601 S. BAYSHORE DRIVE, PH1 COCONUT GROVE FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0907317</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, ALVARO B P.A.  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI FL 33131**

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 *Alvaro Castillo* DATE **5-21-01**

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>REVERSON, ARMANDO LOYNAZ</b> <b>2601 S. BAYSHORE DRIVE, PH1</b> <b>COCONUT GROVE FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ELORRIAGA, ALEXANDER</b> <b>2601 S. BAYSHORE DRIVE, PH1</b> <b>COCONUT GROVE FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VELAZCO, EDUARDO</b> <b>2601 S. BAYSHORE DRIVE, PH1</b> <b>COCONUT GROVE FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ROBAINA, JORGE</b> <b>2601 S. BAYSHORE DRIVE, PH1</b> <b>COCONUT GROVE FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; that this report is 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 empowers.

SIGNATURE: *Eduardo Velasco* DATE: **5/21/01** DAYTIME PHONE #: **(305) 856 6077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/00)