

# 2003. FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0264320 AV

DOCUMENT # P02000118177

1. Entity Name  
CUVOX INC.



FILED

03 FEB -5 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3842 SW 84 AVE  
MIAMI FL 33155

Mailing Address  
3842 SW 84 AVE  
MIAMI FL 33155

2. Principal Place of Business

7105 SW 8 ST  
Suite, Apt. #, etc. 401

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33144

Country

Zip

Country

4. FEI Number

61-1436479

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

SALVADOR, CARMEN  
3842 SW 84 AVE  
MIAMI FL 33155

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME SALVADOR, CARMEN  
STREET ADDRESS 3842 SW 84 AVE  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME AGUIRRE, CARLOS  
STREET ADDRESS 3842 SW 84 AVE  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D.S.  
NAME JOSE R. TOROCHO  
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

☐ Change ☒ Addition

TITLE PD  
NAME  
STREET ADDRESS 700012324157  
CITY-ST-ZIP 02/11/03--01085--006 \*\*150.00

TITLE VP  
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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (305) 467-2773

Date

Daytime Phone #

(20/01/2003)