

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90011 032 ***150.00

DOCUMENT # F00000003068

1. Entity Name
FONBOX, INC.

Principal Place of Business
**2875 NE 191ST STREET, PH-1A
AVENTURA FL 33180**

Mailing Address
**2875 NE 191ST STREET, PH-1A
AVENTURA FL 33180**

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 **22-3681352**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name **JOHN SPENCER JONES**

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

2875 NE 191st Street PH-1-A

City **Aventura, FL 33180**

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

Signature, type 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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GHELLER, SALOMON**
STREET ADDRESS **TORRE A, APT 10 "A", CALLE TEQUETEQUE**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **CEO** ☐ Change ☒ Addition
NAME **JOHN SPENCER JONES**
STREET ADDRESS **2875 N.E. 191ST STREET, PH-1-A**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **V** ☐ Delete
NAME **PERLMAN, JOEL**
STREET ADDRESS **2875 N.E. 191ST STREET, PH-1A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ALBERTO PERLMAN**
STREET ADDRESS **2875 N.E. 191st Street. PH-1-A**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE **SD** ☒ Delete
NAME **PERLMAN, JOEL**
STREET ADDRESS **CALLE CAMURI, RES. MARIA BELEN, PL. BA. 1A**
CITY-ST-ZIP **LOSCHORROS, CARACAS, VENEZUELA**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BARRET WILSMAN**
STREET ADDRESS **2875 N.E. 191st Street. PH-1-A**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE **T** ☐ Delete
NAME **DARDIK, GABRIEL**
STREET ADDRESS **3RA. AV. LOS PALOS GRANDES, EDIF. AUG I, PH**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **ALBERTO FRANCO - DIRECTOR** ☐ Change ☒ Addition
NAME **ALBERTO FRANCO**
STREET ADDRESS **2875 N.E. 191st Street. PH-1-A**
CITY-ST-ZIP **Aventura FL 33180**

TITLE **D** ☒ Delete
NAME **KALRA, AASHISH**
STREET ADDRESS **9 HAMILTON PLACE, 4TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02108**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JACKIE AZOUT**
STREET ADDRESS **2875 N.E. 191st Street PH-1-A**
CITY-ST-ZIP **Aventura FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01

Date

305-466-1790

Daytime Phone #

CR2E034 (10/00)