

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000005524**1. Entity Name
IFX/CELC II, INC.**Principal Place of Business**

15050 N.W. 79TH COURT, SUITE 200

MIAMI LAKES FL 33016

Mailing Address

15050 N.W. 79TH COURT, SUITE 200

MIAMI LAKES FL 33016

2. Principal Place of Business

15050 N.W. 79TH COURT

3. Mailing Address

15050 N.W. 79TH COURT

Suite, Apt. #, etc.
SUITE 200Suite, Apt. #, etc.
SUITE 200City & State
MIAMI LAKES FLCity & State
MIAMI LAKES FLZip Country
33016Zip Country
330164. FEI Number
36-4399761Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US**7. Name and Address of New Registered Agent**

Name

IFX CORP

Street Address (P.O. Box Number is Not Acceptable)
15050 N.W. 79TH COURT

SUITE 200

City
MIAMI LAKES

FL

Zip Code
33016

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 **JOEL EIDELSTEIN****04/03/2001**

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) ☒**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 AS ☐ Delete
NAME BAKAL SCOTT
STREET ADDRESS 2 N. LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60602TITLE S ☐ Delete
NAME LEIMAN JOSE
STREET ADDRESS 15050 N.W. 79TH COURT, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016TITLE PD ☐ Delete
NAME EDELSTEIN JOEL
STREET ADDRESS 15050 N.W. 79TH COURT, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016TITLE DCEO ☐ Delete
NAME SHALOM MICHAEL
STREET ADDRESS 15050 N.W. 79TH COURT, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Joel Eidelstein

PD

04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)