

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 018 ***150.00

DOCUMENT # F01000005205

1. Entity Name

Phone1 Globalwide, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 North Biscayne Blvd.

3. Mailing Address
100 North Biscayne Blvd.

Suite, Apt. #, etc.
#2500

Suite, Apt. #, etc.
#2500

City & State
Miami, FL

City & State
Miami, FL

Zip
33132

Country
USA

Zip
33132

Country
USA

4. FEI Number 65-0669842

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

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

1200 South Pine Island Road

City Plantation

FL

Zip Code
33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Dario Echeverry
100 N. Biscayne Blvd. #2500, Miami, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Syed Naqvi
100 N. Biscayne Blvd. #2500, Miami, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John Wilson
1650 Youngs Rd. South Pines, NC 28388

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D
Louis Giordano
15950 W. Dixie Hwy, Miami, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Michael Spitzer
9655 S. Dixie Hwy 3rd floor, Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Frederic Haller
24 Dunstan Road, London NW 11 8AA England

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

Date

(305) 371-3300

Daytime Phone #

CR2E034B (12/02)