

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000000317

FILED
Mar 17, 2003
Secretary of State

Entity Name: IFX NETWORKS, LIMITED INC.

Current Principal Place of Business:

15050 NW 79TH CRT., SUITE 200
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

15050 NW 79TH CRT., SUITE 200
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 52-2157614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IFX CORPORATION
15050 NW 79TH CRT., SUITE 200
MIAMI LAKES, FL 33016

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHALOM, MICHAEL
Address: 15050 NW 79TH CRT., SUITE 200
City-St-Zip: MIAMI LAKES, FL 33016

Title: V () Delete
Name: EIDELSTEIN, JOEL
Address: 15050 NW 79TH CRT., SUITE 200
City-St-Zip: MIAMI LAKES, FL 33016

Title: ST (X) Delete
Name: LEIMAN, JOSE
Address: 15050 NW 79TH CRT., SUITE 200
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SHALOM, MICHAEL
Address: 15050 NW 79TH CRT., SUITE 200
City-St-Zip: MIAMI LAKES, FL 33016

Title: VS (X) Change () Addition
Name: BURSZTYN, JAK
Address: 15050 NW 79TH CRT., SUITE 200
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SHALOM

DPT

03/17/2003

Electronic Signature of Signing Officer or Director

Date