

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000005299

1. Entity Name
IFX COMMUNICATIONS VENTURES, INC.

Principal Place of Business 15050 NW 79 CT. 200 HIALEAH 33016 FL	Mailing Address 15050 NW 79 CT. 200 HIALEAH 33016 FL
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2. Principal Place of Business 15050 NW 79 CT.	3. Mailing Address 15050 NW 79 CT.
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Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
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City & State MIAMI LAKES FL	City & State MIAMI LAKES FL
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Zip 33016	Country	Zip 33016	Country
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4. FEI Number 65-0869807	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

Name IFX CORP
Street Address (P.O. Box Number is Not Acceptable) 15050 NW 79TH COURT
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 V	<input type="checkbox"/> Delete
NAME LEKACH ZALMAN	
STREET ADDRESS 17701 BICAYNE BLVD 3RD FLOOR	
CITY-ST-ZIP AVENTURA FL 33160	
TITLE VT	<input type="checkbox"/> Delete
NAME DOWNES COLLEEN	
STREET ADDRESS 707 SKOKIE BLVD 5TH FLOOR	
CITY-ST-ZIP NORTHBROOK IL 60062	
TITLE S	<input type="checkbox"/> Delete
NAME BAKAL SCOTT J	
STREET ADDRESS 2 NORTH LASALLE SUITE 2200	
CITY-ST-ZIP CHICAGO IL 60602	
TITLE P	<input type="checkbox"/> Delete
NAME EIDELSTEIN JOEL	
STREET ADDRESS 17701 BISCAYNE BLVD 3RD FLOOR	
CITY-ST-ZIP AVENTURA FL 33160	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEKACH ZALMAN	
STREET ADDRESS 15050 NW 79TH COURT, #200	
CITY-ST-ZIP MIAMI LAKES FL 33016	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EIDELSTEIN JOEL	
STREET ADDRESS 15050 NW 79TH COURT, #200	
CITY-ST-ZIP MIAMI LAKES FL 33016	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

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04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)