

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90271 026 *****50.00

0014497

DOCUMENT # L01000010054

1. Entity Name

CALL PLUS USA LLC



Principal Place of Business

2601 SOUTH BAYSHORE DRIVE
SUITE PH1-C
COCONUT GROVE FL 33131

Mailing Address

2601 SOUTH BAYSHORE DRIVE
SUITE PH1-C
COCONUT GROVE FL 33131

2. Principal Place of Business

2601 SOUTH BAYSHORE DR.

3. Mailing Address

2601 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

PH1-C

Suite, Apt. #, etc.

PH1-C

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0907317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE
SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME VELAZCO, EDUARDO
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33131

TITLE MGR ☐ Delete
NAME LOYNAZ, ARMANDO
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33131

TITLE MGR ☐ Delete
NAME ELORRIAGA, ALEXANDER
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

EDUARDO VELAZCO

4/25/03

(305) 856 6077

Date

Daytime Phone #

CR2E083 (10/02)