

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

4/7

04-07-2003 90615 034 ****50.00

DOCUMENT # L02000033714

1. Entity Name

AMERICAN PAYPHONE DISTRIBUTORS, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13899 BISCAYNE BLVD

Suite, Apt. #, etc.

PH 6

City & State

NORTH MIAMI BEACH

3. Mailing Address

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0534-013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NATHAN MATALON

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

3719 BATTERSEA ROAD

City

MIAMI

FL

Zip Code

33133

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

Nathan Matalon

4-2-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME NATHAN MATALON
STREET ADDRESS 3719 BATTERSEA ROAD
CITY-ST-ZIP MIAMI, FL 33133

TITLE D
NAME ROY GOODMAN
STREET ADDRESS 9555 BROAD VIEW TERRACE
CITY-ST-ZIP MIAMI, FL 33154

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IN THIS SPACE**

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: *Nathan Matalon*

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

4-2-03

Date

305 660-3118

Daytime Phone #

CR2E083B (12/02)