

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90822 032 ***150.00

0358463 AV

DOCUMENT # P00000005734

1. Entity Name
DIALCOM, INC.



Principal Place of Business
**50 WIMBLEDON LAKE DRIVE
PLANTATION FL 33324**

Mailing Address
**50 WIMBLEDON LAKE DRIVE
PLANTATION FL 33324**



2. Principal Place of Business

3. Mailing Address

16400 COLLINS AVE.,

16400 COLLINS AVE.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2042

SUITE 2042

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

33160

USA

Zip

Country

33160

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0976278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOGAN, LEO
50 WIMBLEDON LAKE DRIVE
PLANTATION FL 33324**

Name

KOGAN LEO

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

16400 COLLINS AVE., SUITE 2042

City

MIAMI

FL

Zip Code

33160

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

LEO KOGAN

4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D. KOGAN, LEO**
STREET ADDRESS **50 WIMBLEDON LAKE DRIVE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME **D. KOGAN LEO**
STREET ADDRESS **16400 COLLINS AVE., 2042**
CITY-ST-ZIP **MIAMI, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO KOGAN 4/23/03

Date

Daytime Phone #

CR2E034 (10/02)