2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 15, 2001 8:00 am
Secretary of State

01-26-2001 90065 043 ***150.00

DOCUMENT # P00000070423

1. Entity Name
PRIORITY CODE ONE, INC.

Principal Place of Business	Mailing Address
7171 CORAL WAY SUITE 403 MIAMI FL 33155	7171 CORAL WAY SUITE 403 MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

20450

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1028600 — 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
DE CARLO, EZIO SIMONE 1061 SW 77 COURT MIAMI FL 33156	Name: De Carlo, Ezio Simone Street Address (P.O. Box Number is Not Acceptable): 7171 Coral Way # 403 City: MIAMI FL Zip Code: 33155

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 _____ 01 17 01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIFAZIO, SANDRO 7171 CORAL WAY, SUITE 403 MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMONE, EZIO 7171 CORAL WAY, SUITE 403 MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPUTO, MARIO 7171 CORAL WAY, SUITE 403 MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LUIS ORLANDO 7171 CORAL WAY, SUITE 403 MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ LUIS ORLANDO HERNANDEZ 01-17-01 / 305 218-0637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #