

# 2001 UNIFORM BUSINESS REPORT (UBR)

4

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90176 033 \*\*\*158.75

**DOCUMENT # PQ0000081012**

1. Entity Name

**VOIP COMMUNICATIONS, INC.**

Principal Place of Business

5747 S.W. 32ND STREET  
 MIAMI FL 33155

Mailing Address

5747 S.W. 32ND STREET  
 MIAMI FL 33155

2. Principal Place of Business

**444 BRICKELL AVE.**

Suite, Apt. #, etc.

**335**

3. Mailing Address

**444 BRICKELL AVE**

Suite, Apt. #, etc.

**335**



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1058631**

Applied For

Not Applicable

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELGADO, ORLANDO  
 328 MINORCA AVENUE  
 CORAL GABLES FL 33134**

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.

SIGNATURE

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. ☐

**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 **PVST** ☐ Delete  
 NAME **ALFONSO, JORGE**  
 STREET ADDRESS **5747 S.W. 32ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Delete  
 NAME **ALFONSO, JORGE**  
 STREET ADDRESS **5747 S.W. 32ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **POST** ☒ Change ☐ Addition  
 NAME **JORGE ALFONSO**  
 STREET ADDRESS **444 BRICKELL AVE Suite 335**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **JORGE ALFONSO** ☒ Change ☐ Addition  
 NAME **JORGE ALFONSO**  
 STREET ADDRESS **444 BRICKELL AVE Suite 335**  
 CITY-ST-ZIP **MIAMI, FL 33131**

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

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

TITLE ☐ Change ☐ 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)(f), 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:

**Jorge Alfonso**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-4-01 305-775-6909**

CR2E034 (10/00)