~~2001~~ 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083316

PHONE CARD FACTORY.NET, INC

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93598 029 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8550 W FLAGLER ST, STE 110 MIAMI FL 33144	8550 W FLAGLER ST, STE 110 MIAMI FL 33144

2. Principal Place of Business	3. Mailing Address
123 SE 3RD AVE	Same
Suite, Apt. #, etc. #224	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33131 Country	Zip Country

4. FEI Number 65-1037928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVEIRA, ROBSON L DE
~~8550 W FLAGLER ST, STE 110~~
~~MIAMI FL 33144~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
123 SE 3rd AVE # 224

City MIAMI FL Zip Code 33131

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D DE OLIVEIRA, ROBSON L ~~8550 W FLAGLER ST, STE 110~~ ~~MIAMI FL 33144~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	■ Change ☐ Addition 123 SE 3rd AVE MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] ROBSON OLIVEIRA 305-424-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #